| Fill in this information to identify your case: |   |                                      |
|---|---|--------------------------------------|
| United States Bankruptcy Court for the :        |   |                                      |
| NORTHERN District of ILLINOIS (State)           |   |                                      |
| Case Number (If known):                         | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

## Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1:            | Identify Yourself   |                            |   |
|--------------------|---|----------------------------|---|
|                    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. <b>Your 1</b>   | full name   |                            |   |
| govern<br>identifi | he name that is on your<br>ment-issued picture<br>cation (for example,<br>iver's license or | Veronica<br>First name     | First name                                    |
| passpo             |   | Middle name                | Middle name                                   |
| Bring              | our picture   | Prieto Salazar             |   |
| identifi           | cation to your meeting e trustee.   | Last name                  | Last name                                     |
|                    |   | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All oth         | ner names you   |                            |   |
| have u<br>years    | used in the last 8  | First name                 | First name                                    |
|                    | e your married or<br>n names.   | Middle name                | Middle name                                   |
|                    | Last name   | Last name                  |   |
|                    |   | First name                 | First name                                    |
|                    |   | Middle name                | Middle name                                   |
|                    |   | Last name                  | Last name                                     |
|                    | he last 4 digits of<br>Social Security  | xxx - xx - <u>3770</u>     | XXX - XX                                      |
| Individ            | er or federal<br>lual Taxpayer<br>ication number  | OR                         | OR  |
| identiii           | iodion number   | 9xx - xx                   | <b>9</b> xx - xx                              |

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Veronica Debtor 1

Case Number (if known)

|   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|---|---|---|
| Any business name and Employer Identification Numl (EIN) you have use the last 8 years     Include trade name doing business as research. | I have not used any business names or EINs.  ers I in  Business name  Business name   | I have not used any business names or EINs.  Business name  Business name  EIN  EIN   |
| 5. Where you live   | 6008 S. Archer Rd.  Number Street  Unit 2W  | If Debtor 2 lives at a different address:  Number Street  |
|   | Summit IL 60501  City State ZIP Code  COOK  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | City State ZIP Code  County  If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address.            |
|   | Number Street  P.O. Box  City State ZIP Code  | Number Street  P.O. Box  City State ZIP Code  |
| 6. Why you are choos this district to file for bankruptcy.  | <del>-</del>  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408 |

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Debtor 1

Veronica

Case Number (if known)

| Pa  | Tell the Court About You  | Bankruptcy Case  |  |  |  |  |  |
|-----|---|--|--|--|--|--|--|
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7  Chapter 11  Chapter 12  Chapter 13   |  |  |  |  |  |
| 8.  | How you will pay the fee  | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. |  |  |  |  |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | No           Yes. District         None         When Case Number           District         None         When Case Number           MM / DD / YYYY         District When Case Number           MM / DD / YYYYY         MM / DD / YYYYY   |  |  |  |  |  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business parter, or by affiliate? | ■ No  Yes. Debtor Relationship to you District When Case Number, if known  MM / DD / YYYY  Debtor Relationship to you District When Case Number, if known  MM / DD / YYYY  |  |  |  |  |  |
| 11. | Do you rent your residence?   | <ul> <li>No. Go to line 12</li> <li>Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?</li> <li>No. Go to line 12.</li> <li>☐ Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition.</li> </ul>   |  |  |  |  |  |

Middle Name

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|---------------|-------|----------------|---------------------------|-----------|
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| Veronica      |       | Prieto Salazar | Case Number (if known)    |           |

| Pa  | Report About Any Busine   | sses You Ow     | n as a Sole Proprietor   |                           |                         |                |  |
|-----|---|-----------------|--|---------------------------|-------------------------|----------------|--|
| 12. | Are you a sole proprietor of any full- or part-time business?  A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnerhsip, or LLC. | ■ No.<br>□ Yes. | Go to Part 4.  Name and location of b  Name of business, if any  Number Street           | ousiness                  |                         |                |  |
|     | If you have more than one sole proprietorship, use a separate sheed and attach it to this petition.   |                 |  |                           |                         |                |  |
|     |   |                 | City   |                           |                         | State Zip Code |  |
|     |   |                 | Check the appropriate  | box to describe your bu   | siness:                 |                |  |
|     |   |                 | ☐ Health Care Busi   | ness (as defined in 11 U  | .S.C. § 101(27A))       |                |  |
|     |   |                 | ☐ Single Asset Rea   | I Estate (as defined in 1 | 1 U.S.C. § 101(51B))    |                |  |
|     |   |                 | ☐ Stockbroker (as o  | defined in 11 U.S.C. § 10 | )1(53A))                |                |  |
|     |   |                 | ☐ Commodity Broke  | er (as defined in 11 U.S. | C. § 101(6))            |                |  |
|     |   |                 | ☐ None of the abov   | е                         |                         |                |  |
| Pa  | business debtor, see 11 U.S.C. § 101(51D).  Report if You Own or Have   | Yes.            | am filing under Chapter the Bankruptcy Code.  I am filing under Chapter Bankruptcy Code. | 11 and I am a small bu    | siness debtor according | _              |  |
|     |   |                 |  |                           |                         |                |  |
| 4.  | Do you own or have any<br>property that poses or is<br>alleged to pose a threat<br>of imminent and  | No.             | What is the hazard?  |                           |                         |                |  |
|     | indentifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building              |                 | If immediate attention is  | needed, why is it neede   | d?                      |                |  |
|     | that needs urgent repairs?  |                 | Where is the property? _   | Number Street             |                         |                |  |
|     |   |                 |  |                           |                         |                |  |
|     |   |                 |  |                           |                         |                |  |
|     |   |                 |  |                           |                         |                |  |

Debtor 1

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Debtor 1

Veronica

Prieto Salazar

Case Number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|---|---|
| You must check one:   | You must check one:   |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  | ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  |
| Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  |
| ☐I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.  | ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.   |
| Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   |
| I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.   | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.   |
| To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.                            | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.                            |
| Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.  If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.  You must file a certificate from the approved | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.  If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.  You must file a certificate from the approved |

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

may be dismissed.

agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case

| I am not required to receive a briefing about credit counseling because of: |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Incapacity.   | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.               |  |  |  |  |  |  |
| Disability.   | My physical disability causes me<br>to be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I |  |  |  |  |  |  |

duty in a military combat zone. If you believe you are not required to receive a

Active duty. I am currently on active military

briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

reasonably tried to do so.

credit counseling because of:

I am not required to receive a briefing about

Incapacity. I have a mental illness or a mental deficiency that makes me

agency, along with a copy of the payment plan you

developed, if any. If you do not do so, your case

Any extension of the 30-day deadline is granted

only for cause and is limited to a maximum of 15

may be dismissed.

days.

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-16507

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Debtor 1

Veronica

Prieto Salazar

Case Number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) What kind of debts do as "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and Do you estimate that after administrative expenses are paid that funds will be available to distribute to unsecured creditors? any exempt property is No. excluded and administrative expenses Yes. are paid that funds will be available for distribution to unsecured creditors? 1-49 1,000-5,000 **2**5,001-50,000 How many creditors do **50-99** you estimate that you 5,001-10,000 **5**0,001-100,000 owe? ☐ More than 100,000 **100-199** 10,001-25,000 200-999 \$0-\$50,000 **□** \$1,000,001-\$10 million □\$500,000,001-\$1 billion How much do you estimate your assets to \$50,001-\$100,000 □ \$10,000,001-\$50 million □\$1,000,000,001-\$10 billion be worth? **\$100,001-\$500,000** □ \$50,000,001-\$100 million **□**\$10,000,000,001-\$50 billion □ \$500,001-\$1 million □ \$100,000,001-\$500 million ☐More than \$50 billion \$0-\$50.000 □ \$1.000.001-\$10 million □\$500,000,001-\$1 billion How much do you estimate your liabilities \$50,001-\$100,000 □ \$10,000,001-\$50 million □\$1,000,000,001-\$10 billion to be? **\$100,001-\$500,000** □ \$50,000,001-\$100 million □\$10,000,000,001-\$50 billion □ \$500,001-\$1 million □ \$100,000,001-\$500 million ☐ More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. 🗶 /s/ Veronica Prieto Salazar Signature of Debtor 2 Signature of Debtor 1 05/30/2017 Executed on Executed on

MM / DD / YYYY

MM / DD / YYYY

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Veronica Middle Name

Case Number (if known)

For your attorney, if you are represented by one

Debtor 1

if you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| Date     | MM / DD / YYY  | 2/                                    |
|----------|----------------|---------------------------------------|
|          |                | Y                                     |
|          |                |                                       |
|          |                | _                                     |
|          |                |                                       |
|          |                | _                                     |
|          |                |                                       |
|          |                | _                                     |
|          |                | _                                     |
| IL       | 60603          | _                                     |
| State    | ZIP Code       |                                       |
| Email ad | dressndil@ge   | racilaw.com                           |
| IL       |                |                                       |
| State    |                |                                       |
|          | State Email ad | State ZIP Code  Email addressndil@gel |

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| Fill in this in           | formation to ident   |                                   |                     |  |
|---------------------------|----------------------|-----------------------------------|---------------------|--|
| Debtor 1                  | Veronica             |                                   | Prieto Salazar      |  |
|                           | First Name           | Middle Name                       | Last Name           |  |
| Debtor 2                  |                      |                                   |                     |  |
| (Spouse, if filing)       | First Name           | Middle Name                       | Last Name           |  |
| United States             | Bankruptcy Court for | the : <u>NORTHERN</u> District of | ILLINOIS<br>(State) |  |
| Case Number<br>(If known) | ·                    |                                   | _                   |  |
|                           |                      |                                   |                     |  |

## Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1:  | Summarize Your Assets   |                                      |
|----------|---|--------------------------------------|
|          |   | Your assets<br>Value of what you own |
|          | le A/B: Property (Official Form 106A/B) y line 55, Total real estate, from Schedule A/B   | \$0                                  |
| 1b. Copy | y line 62, Total personal property, from Schedule A/B   | \$ 7,464                             |
| 1c. Copy | y line 63, Total of all property on Schedule A/B  | \$ 7,464                             |
| Part 2:  | Summarize Your Liabilities  |                                      |
|          |   | Your liabilities<br>Amount you owe   |
|          | e D: Creditors Who Have Claims Secured by Property (Official Form 106D) y the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$7,621                              |
|          | e E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) y the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$0                                  |
| 3ь. Сору | y the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$26,523                             |
|          |   |                                      |
| Part 3:  | Summarize Your Liabilities  |                                      |
|          | le I: Your Income (Official Form 106I) our combined monthly income from line 12 of Schedule I   | \$0.00                               |
|          | e J: Your Expenses (Official Form 106J) our monthly expenses from line 22c of Schedule J  | \$1,507.00                           |

Veronica Document
Prieto Salaza

Middle Name

Debtor 1

First Name

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Case Number (if known)

**Answer These Questions for Administrative and Statistical Records** Part 4: 6. Are you filing for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$ 1,487.88 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 of Schedule E/F, copy the following: \$ 0.00 9a. Domestic support obligations (Copy line 6a.) \$ 0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  $_{0.00}$ 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$<u>1,377.0</u>0 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as \$ 0.00 priority claims. (Copy line 6g.) \$ 0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$<u>1,377.</u>00 9g. Total. Add lines 9a through 9f.

|   | Caso 1  | 7 16507 Doc 1   | Filed 05/20/17 Ent  | tored 05/30/17 11:   | :57:29 Des                                       | sc Main  |     |
|---|---|---|---|--|--|--|-----|
| Fill in this in   | formation to ide  | ntify your case and this fili   | ng:   | 0 of 59  |  |  |     |
| Debtor 1  | Veronica  |   | Prieto Salazar  |  |  |  |     |
|   | First Name  | Middle Name   | Last Name   |  |  |  |     |
| Debtor 2<br>(Spouse, if filing)                               | First Name  | Middle Name   | Last Name   |  |  |  |     |
| United States   | Dankruntov Court fo   | or the . MODILIEDN Dietric  | ot of ULINOIS   |  |  |  |     |
|   |   | or the : <u>NORTHERN</u> Distric  | (State)   |  | г  | Check if this is an  |     |
| Case Number<br>(If known)                                     |   |   |   |  |  | amended filing   |     |
| Official F  | orm 106A  | /B  |   |  |  | Ç  |     |
|   | e A/B: Pr   |   |   |  |  | 12/1   | 5   |
| ategory where<br>esponsible for<br>ages, write you<br>Part 1: | you think it fits<br>supplying corre<br>ur name and cas<br>Describe Each Re   | best. Be as complete and a<br>ct information. If more spa<br>e number (if known). Answ<br>sidence, Building, Land, or O | n asset only once. If an asset fits in accurate as possible. If two married ce is needed, attach a separate shed wer every question.  Other Real Esate You Own or Have an I any residence, building, land, or sin   | people are filing together, bo<br>et to this form. On the top of<br>nterest In | oth are equally                                  |  |     |
| No. Yes.  Add the dol   | Describe lar value of the p   | portion you own for all of y  | our entries fro Part 1, including any   | entries for pages  |  |  |     |
| you have at   | tached for Part 1   | . Write that number here .  |   |  | >  | \$0.0  | 0   |
| Part 2:   | Describe Your Vel   | nicles  |   |  |  |  |     |
| O3. Cars, vans  No. Yes.  A C C C C                           | Describe  Describe  Make:  Model:  Year:  Approximate Milea  Other information:  2013 Chrysler 200  miles  Taircraft, motor | Chrysler 200 2013 70,000  with over 70,000  homes, ATVs and other received.   | who has an interest in the proper Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and an instructions)  Check if this is community prinstructions)  creational vehicles, other vehicles, a vessels, snowmobiles, motorcycle accessor | rty? Check one.  [t]  CC en nother  s_ roperty (see                            | Do not deduct secured of the amount of any secur | claims or exemptions. Put red claims on Schedule D: aims Secured by Property  Current value of the portion you own?  00 \$ 5,554.0 | 00  |
|   | -   | -   | our entries fro Part 2, including any   | · -  |  | \$ 5,554   | .00 |
| you nave at   | tached for Part 2   | vvrite that number here .   |   |  |  |  | _   |
| Part 3:   | Describe Your Per   | sonal and Household Items   |   |  |  |  |     |
| Do you own o  | r have any legal  | or equitable interest in any  | of the following items?   |  |  | Current value of the portion you own? Do not deduct secured claims or exemptions   |     |
|   |   | ishings<br>urniture, linens, china, kitchenw  | are   |  |  |  |     |
| Yes.  | Describe  | Furniture, linens, small appliar  | nces, table & chairs, bedroom set   |  | \$1,000  | \$1,000.0  | )0  |

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| Debto |                                    | nica                        | 7-16507 Doc 1   | Filed 05/30/17<br>Document        | Entered 05/30/17<br>Page 11 of 59 umber (ii | 11:57:29 Desc | Main<br>——          |             |
|-------|------------------------------------|-----------------------------|---|-----------------------------------|---|---------------|---------------------|-------------|
|       | First Na                           | ame                         | Middle Name   | Last Name                         |   |               |                     | _           |
| 07.   |                                    | Televisions and ra          | ndios; audio, video, stereo, and die<br>s including cell phones, cameras,   | media players, games              | tters, scanners; music                      |               |                     |             |
|       |                                    |                             | Flat screen TV, computer, print   | ter, music collection, cell phone |   | \$600         | \$ 600              | .00         |
| 08.   |                                    | Antiques and figur          | ines; paintings, prints, or other ar<br>collections; other collections, med |                                   | art objects;                                |               |                     | _           |
|       | Yes.                               | Describe                    |   |                                   |   |               | s 0                 | .00         |
| 09.   | Examples:                          |                             | hobbies<br>hic, exercise, and other hobby eq<br>musical instruments         | uipment; bicycles, pool tables, ç | jolf clubs, skis; canoes                    |               | <b>V</b>            | _           |
|       | Yes.                               | Describe                    |   |                                   |   |               | \$ 0                | .00         |
| 10.   | Firearms Examples:                 | Pistols, rifles, shot       | iguns, ammunition, and related ed   | quipment                          |   |               | <b>V</b>            |             |
|       | Yes.                               | Describe                    |   |                                   |   |               | s 0                 | .00         |
| 11.   | Clothes Examples: No. Yes.         | Everyday clothes,  Describe | furs, leather coats, designer wea   | r, shoes, accessories             |   |               | <u> </u>            | _           |
|       |                                    |                             | Necessary wearing apparel   |                                   |   | \$100         | \$ 100              | .00         |
| 12.   | Jewelry Examples: gold, silver No. |                             | costume jewelry, engagement rin   | ngs, wedding rings, heirloom jew  | elry, watches, gems,                        |               | Ψ                   | <u></u> -   |
|       | Yes.                               | Describe                    | Costume jewelry, earrings, wat  | ich                               |   | \$100         | \$ 100              | .00         |
| 13.   | Non-farm                           |                             |   |                                   |   |               | Ψ                   | <u></u> .   |
|       | Examples: No.                      | Dogs, cats, birds,          | horses  |                                   |   |               |                     |             |
|       | Yes.                               | Describe                    |   |                                   |   |               | _                   |             |
| 14.   | Any other                          | personal and h              | ousehold items you did not  | already list, including any       | health aids you did not list                |               | \$0                 | <u>.0</u> 0 |
|       | Yes.                               | Describe                    | books, CDs, DVDs & Family Pl  | hotos                             |   | \$50          | \$50                | <u>.0</u> 0 |
|       |                                    |                             | of your entries from Part 3,  |                                   | = -   |               | \$1,85              | 0.00        |
|       | for Part 3.                        | Write that numb             | ber here  |                                   |   | >             |                     | _           |
| F     | art 4:                             | Describe Your Fi            | nancial Assets  |                                   |   |               |                     |             |
| Do    | you own o                          | r have any legal            | or equitable interest in any  | of the following?                 |   | Cu            | irrent value of the |             |

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No.

Yes. Describe.....

\$ 0.00

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Middle Name

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| ocument     | Page 12 of 59 umber (if known) |

| 17. | and other s       | Checking, savings,                       | , or other financial accounts; cer<br>f you have multiple accounts wi                           |                   |                           | t unions, brokerage hou    | ises,           |        |           |                       |
|-----|-------------------|--|---|-------------------|---------------------------|----------------------------|-----------------|--------|-----------|-----------------------|
|     | No. Yes.          | Describe                                 | Account Type:<br>Checking Account   |                   | ution name:<br>Chase Bank |                            |                 | <br>\$ | 5<br>5    | 60.00<br><b>60.00</b> |
| 18. |                   |  | ublicly traded stocks<br>ment accounts with brokerage f   | firms, money ma   | arket accounts            |                            |                 |        |           |                       |
|     | Yes.              |  | Institution or issuer name:   |                   |                           |                            |                 | \$     | i         | 0.00                  |
| 19. | Non-public<br>No. |  | and interests in incorpora  |                   | -                         | nesses, including a        | n interest in   |        |           |                       |
| 20  | ∐Yes.             |  | Name of Entity and Percen   |                   |                           | ımonte                     |                 | \$     | i         | 0.00                  |
| 20. | Negotiable        | instruments include                      | e bonds and other negotia<br>e personal checks, cashiers' ch<br>re those you cannot transfer to | ecks, promissor   | ry notes, and mone        | y orders.                  |                 |        |           |                       |
|     | Yes.              | Describe                                 | Issuer name:  |                   |                           |                            |                 | \$     | i         | 0.00                  |
| 21. |                   | t or pension acc<br>Interests in IRA, El | counts<br>RISA, Keogh, 401(k), 403(b), th   | rift savings acco | ounts, or other pens      | sion or profit-sharing pla | uns             |        |           |                       |
|     | Yes.              | Describe                                 | Type of account and Institu<br>401(k) or similar plan   |                   | West Suburban M           | Medical Center 401K        |                 | <br>\$ | <u>Un</u> | <u>know</u> n         |
| 22. | Your share        |  | payments<br>osits you have made so that you<br>andlords, prepaid rent, public uti               | -                 |                           |                            |                 | ·      |           |                       |
|     | Yes.              | Describe                                 | Institution name or individu  | ıal:              |                           |                            |                 | \$     | i         | 0.00                  |
| 23. | Annuities No.     | (A contract for a                        | periodic payment of mon   | ey to you, eit    | her for life or for       | a number of years)         |                 |        |           |                       |
| 24. | Yes.              |  | Issuer name and description RA, in an account in a qua  |                   | orogram, or unde          | er a qualified state to    | uition program. | \$     | i         | 0.00                  |
|     | 26 U.S.C. §       | §§ 530(b)(1), 529A(                      | (b), and 529(b)(1).   |                   |                           |                            |                 |        |           |                       |
| 25  | Yes.              |  | Institution name and descri   |                   |                           |                            |                 | \$     | 5         | 0.00                  |
| 25. | No.               |  | interests in property (other  | er than anythi    | ing listed in line        | 1), and rights or po       | wers            |        |           |                       |
| 26  | Yes.              | Describe                                 | marks, trade secrets, and o   | other intellec    | tual property             |                            |                 | \$     | i         | 0.00                  |
| 20. |                   |  | mes, websites, proceeds from i  |                   |                           |                            |                 |        |           |                       |
|     | Yes.              | Describe                                 |   |                   |                           |                            |                 | \$     | i         | 0.00                  |
| 27. |                   |  | other general intangibles<br>xclusive licenses, cooperative a                                   | association hold  | lings, liquor licenses    | s, professional licenses   |                 |        |           |                       |
|     | Yes.              | Describe                                 |   |                   |                           |                            |                 | \$     | i         | 0.00                  |

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Desc Main

Middle Name

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| Mor | ney or prop               | erty owed to yo    | J?   | Current value of the portion you own? Do not deduct secured claims or exemptions  |
|-----|---------------------------|--------------------|--|---|
| 28. | Tax refund                | s owed to you      |  |   |
|     | No.                       |                    |  |   |
|     | Yes.                      | Describe           |  | \$ 0.00   |
| 29. | Family sup<br>Examples: I | -                  | um alimony, spousal support, child support, maintenance, divorce settlement, property settlement   | <u> </u>  |
|     | Yes.                      | Describe           |  |   |
| 30. | Other amo                 | unts someone o     | wes vou  | \$0.00  |
|     | Examples: I               | Unpaid wages, disa | ability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, d loans you made to someone else                 |   |
|     | Yes.                      | Describe           |  | \$ 0.00   |
| 31. | Interest in               | insurance polic    | ies  | <u> </u>  |
|     | Examples: I               | _                  | r life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance   |   |
|     | Yes.                      | Describe           | Company Name & Beneficiary:  |   |
|     |                           |                    |  | \$ <u>0.0</u> 0   |
| 32. | If you are th             |                    | at is due you from someone who has died iving trust, expect proceeds from a life insurance policy, or are currently entitled to receive as died. |   |
|     | Yes.                      | Describe           |  |   |
| 33. | _                         | -                  | s, whether or not you have filed a lawsuit or made a demand for payment nent disputes, insurance claims, or rights to sue                        | \$ <u>0.0</u> 0   |
|     | Yes.                      | Describe           |  |   |
| 34. | Other cont                | ingent and unlic   | uidated claims of every nature, including counterclaims of the debtor and rights   | \$0.00  |
|     | No.                       |                    |  |   |
|     | Yes.                      | Describe           |  | \$ 0.00   |
| 35. | Any financ                | ial assets you d   | id not already list  |   |
|     | Yes.                      | Describe           |  | \$0.00  |
| 26  | Add the de                | llar value of oll  | of your entries from Part / including any entries for pages you have attached  |   |
|     |                           |                    | of your entries from Part 4, including any entries for pages you have attached er here   | \$60.00   |
|     | _                         | locaribe Arr. D.   | inose Bolated Branachy Voy Own or Hove an Intersect In List and see Institute In Book  |   |
|     | al Co.                    |                    | gal or equitable interest in any business-related property?  |   |
| 07. | No. Yes.                  | ii or nave any le  | gui or equitable interest in any business-related property.  |   |
|     |                           |                    |  | Current value of the portion you own?  Do not deduct secured claims or exemptions |
| 38. | Accounts r                | eceivable or co    | mmissions you already earned   |   |
|     | Yes.                      | Describe           |  | \$0.00  |

Case 17-16507 Doc 1 Filed 05/30/17 Entered 05/30/17 11:57:29 Desc Main Veronica Page 14 of 59 umber (if known) Debtor 1 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices Yes. Describe..... 0.00 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Yes. Describe..... 0.00 41. Inventory No. Yes. Describe..... 0.00 42. Interests in partnerships or joint ventures Name of Entity and Percent of Ownership: Yes. Describe..... 0.00 43. Customer lists, mailing lists, or other compilations No. Yes. Describe..... 0.00 44. Any business-related property you did not already list Describe..... 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$ 0.00 for Part 5. Write that number here ----Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Describe..... Yes 0.00 47. Farm animals Examples: Livestock, poultry, farm-raised fish No. Yes. Describe..... 0.00 48. Crops-either growing or harvested No. Yes. Describe..... 0.00 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No. Yes. Describe..... 0.00 50. Farm and fishing supplies, chemicals, and feed

Schedule A/B: Property

0.00

0.00

\$0.00

Page 5 of 6

No.

No. Yes.

Official Form 106A/B

Yes. Describe.....

Describe.....

51. Any farm- and commercial fishing-related property you did not already list

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52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached

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Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Yes. Describe..... 0.00 \$0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... --> List the Totals of Each Part of this Form Part 8: \$ 0.00 55. Part 1: Total real estate, line 2 \$ 5,554.00 56. Part 2: Total vehicles, line 5 \$ 1,850.00 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 \$60.00 59. Part 5: Total business-related property, line 45 \$ 0.00 \$ 0.00 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 \$ 0.00 \$7,464.00 \$7,464.00 62. Total personal property. Add lines 56 through 61. ..... 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$7,464.00

Official Form 106A/B Record # 745118 Page 6 of 6 Schedule A/B: Property

| Fill in this in     | Fill in this information to identify your case: |                                       |                     |  |  |  |  |
|---------------------|---|---------------------------------------|---------------------|--|--|--|--|
| Debtor 1            | Veronica  |                                       | Prieto Salazar      |  |  |  |  |
|                     | First Name                                      | Middle Name                           | Last Name           |  |  |  |  |
| Debtor 2            |   |                                       |                     |  |  |  |  |
| (Spouse, if filing) | First Name                                      | Middle Name                           | Last Name           |  |  |  |  |
| United States       | Bankruptcy Court fo                             | r the : <u>NORTHERN</u> District of _ | ILLINOIS<br>(State) |  |  |  |  |
| Case Number         | r   | · · · · · · · · · · · · · · · · · · · | _                   |  |  |  |  |
| (If known)          |   |                                       |                     |  |  |  |  |

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.    You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)   You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)   Pro any property you list on Schedule A/B that you claim as exempt, fill in the information below.    Brief description of the property and line on Schedule A/B that lists this property   Quality of the protein you own   Check only one box for each exemption  |                    | y the Property You Claim as Exempt         |                              |                                       |                                      |  |  |  |
|--|--------------------|--|------------------------------|---------------------------------------|--------------------------------------|--|--|--|
| You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)   Pro any property you list on Schedule A/B that you claim as exempt, fill in the information below.    Brief description of the property and line on Schedule A/B that lists this property   Current value of the portion you own   Copy the value from Schedule A/B   Check only one box for each exemption   |                    |  |                              | • •                                   |                                      |  |  |  |
| 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.  Brief description of the property and line on Schedule A/B that lists this property  Copy the value from Schedule A/B  Brief 2013 Chrysler 200 with over 70,000 description: miles \$ 5,554   | You are clair      | ming state and federal nonbankrupto        | cy exemptions . 11 U.S.C.    | § 522(b)(3)                           |                                      |  |  |  |
| Brief description of the property and line on Schedule A/B that lists this property  Copy the value from Schedule A/B  Brief 2013 Chrysler 200 with over 70,000 description: miles \$ 5,554 \$ \$ 4,640 \$ 735 ILCS 5/12-1001(c) - \$2,400.00 \$ \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to \$  | You are clair      | ming federal exemptions. 11 U.S.C.         | § 522(b)(2)                  |                                       |                                      |  |  |  |
| Brief description of the property and line on Schedule A/B that lists this property  Copy the value from Schedule A/B  Brief 2013 Chrysler 200 with over 70,000 description: miles  Specific laws that allow exemption  Check only one box for each exemption  T35 ILCS 5/12-1001(c) - \$2,400.00  T35 ILCS 5/12-1001(b) - \$2,240.00  Line from  Schedule A/B:  D3  Brief Furniture, linens, small appliances, table & chairs, bedroom set  Line from  Schedule A/B:  D6  Brief Flat screen TV, computer, printer, music collection, cell phone  Schedule A/B:  D7  Brief Necessary wearing appared  D7  Sincs 5/12-1001(b) - \$1,000.00  Sincs 5/12-1001(b) - \$600.00  Sincs 5/12-1001(b) - \$600.00  Sincs 5/12-1001(c) - \$1,000.00  Sincs 5/12-1001(c) - \$1 |                    |  |                              |                                       |                                      |  |  |  |
| Schedule A/B that lists this property  Copy the value from Schedule A/B  Brief 2013 Chrysler 200 with over 70,000 description: miles  S 5,554  Line from Schedule A/B:  Brief 403  Brief 503  Brief 600  Brief 64 Flat screen TV, computer, printer, music collection, cell phone  Schedule A/B:  D7  Brief 65 Flat screen TV, computer, printer, music collection, cell phone  Schedule A/B:  D7  Brief 65 Flat screen TV, computer, printer, music collection, cell phone  Schedule A/B:  D7  Brief 65 Flat screen TV, computer, printer, music collection, cell phone  Schedule A/B:  D7  Brief 660  Brief 67 Flat screen TV, computer, printer, music collection, cell phone  Schedule A/B:  D7  Brief 67 Necessary wearing apparel 68 description:  Schedule A/B:  D7  Brief 735 ILCS 5/12-1001(b) - \$1,000.00  Schedule A/B:  D7  Brief Necessary wearing apparel 68 description:  S 100  S 100% of fair market value, up to any applicable statutory limit  T35 ILCS 5/12-1001(a).(e) - \$100.00   | 2. For any propert | y you list on <i>Schedule A/B</i> that you | u claim as exempt, fill in t | the information below.                |                                      |  |  |  |
| Schedule A/B   | -                  |  |                              | Amount of the exemption you claim     | Specific laws that allow exemption   |  |  |  |
| description: miles \$ 5,554  |                    |  |                              | Check only one box for each exemption |                                      |  |  |  |
| Line from Schedule A/B:  Brief Gescription: Line from Schedule A/B:  D6  Brief Flat screen TV, computer, printer, description: music collection, cell phone Schedule A/B:  D7  Line from Schedule A/B:  D8  Brief Flat screen TV, computer, printer, music collection, cell phone Schedule A/B:  D7  Brief Necessary wearing apparel  Brief Necessary wearing apparel Line from Schedule A/B:  D7  Brief Necessary wearing apparel Line from Schedule A/B: D7  Brief Necessary wearing apparel Line from Schedule A/B: D7  Brief Necessary wearing apparel Line from Schedule A/B: D7  Brief Necessary wearing apparel Line from Schedule A/B: D7  Brief Necessary wearing apparel Line from Schedule A/B: D7  Brief Necessary wearing apparel Line from Schedule A/B: D7  Brief Necessary wearing apparel Line from Schedule A/B: D7  Brief Necessary wearing apparel Line from Schedule A/B: D7  Brief Necessary wearing apparel Line from Schedule A/B: D7  Brief Necessary wearing apparel Line from Schedule A/B: D7  Brief Necessary wearing apparel Line from Schedule A/B: D7  Brief Necessary wearing apparel Line from Schedule A/B: D7  Brief Necessary wearing apparel Line from Line fr   |                    |  |                              | - 1010                                | 735 ILCS 5/12-1001(c) - \$2,400.00   |  |  |  |
| Schedule A/B: 03  Brief Furniture, linens, small appliances, table & chairs, bedroom set \$ 1,000  | description:       | miles                                      | \$_5,554                     | \$ _ 4,640                            | 735 ILCS 5/12-1001(b) - \$2,240.00   |  |  |  |
| Brief description: table & chairs, bedroom set \$ 1,000  | Line from          |  |                              | 100% of fair market value, up to      |                                      |  |  |  |
| description: table & chairs, bedroom set \$ 1,000  | Schedule A/B:      | 03   |                              | any applicable statutory limit        |                                      |  |  |  |
| Line from Schedule A/B:  Brief description:  Line from Schedule A/B:  D7  Line from Schedule A/B:  D7  Necessary wearing apparel description:  Since from Schedule A/B:  D7  Necessary wearing apparel  Line from Schedule A/B:  D8  D8  D9  D9  D9  D9  D9  D9  D9  D9  | Brief              | Furniture, linens, small appliances,       |                              | _                                     | 735 ILCS 5/12-1001(b) - \$1,000.00   |  |  |  |
| Schedule A/B: 06 any applicable statutory limit  | description:       | table & chairs, bedroom set                | \$_1,000                     | <b></b> \$                            |                                      |  |  |  |
| Schedule A/B: 06 any applicable statutory limit  | Line from          |  |                              | 100% of fair market value, up to      |                                      |  |  |  |
| description: music collection, cell phone \$ 600   |                    | 06   |                              |                                       |                                      |  |  |  |
| description: music collection, cell phone \$ 600   | Brief              | Flat screen TV, computer, printer,         |                              |                                       | 735 ILCS 5/12-1001(b) - \$600.00     |  |  |  |
| Schedule A/B: 07 any applicable statutory limit  | description:       | music collection, cell phone               | \$ 600                       | <b>\$</b>                             |                                      |  |  |  |
| Schedule A/B: 07 any applicable statutory limit  | Line from          |  |                              | 100% of fair market value up to       |                                      |  |  |  |
| description: \$\\ \\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |                    | 07   |                              |                                       |                                      |  |  |  |
| description: \$\\ \\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | Brief              | Necessary wearing apparel                  |                              |                                       | 735 ILCS 5/12-1001(a),(e) - \$100.00 |  |  |  |
| -  | description:       |  | \$_100                       | <b>\$</b>                             |                                      |  |  |  |
|  | Line from          |  |                              | 100% of fair market value, up to      |                                      |  |  |  |
|  |                    | 11   |                              | <del>_</del>                          |                                      |  |  |  |
|  |                    |  |                              |                                       |                                      |  |  |  |
|  |                    |  |                              |                                       |                                      |  |  |  |
|  |                    |  |                              |                                       |                                      |  |  |  |
| Official Form 106C Record # 745118 Schedule C: The Property You Claim as Exempt Page 1 of 2  | Official Form 106C | Record # 745118                            | Schedule C: T                | he Property You Claim as Exempt       | Page 1 of 2                          |  |  |  |

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Debtor 1 <u>Veronica</u>

Middle Name

Last Name

|   | Part 2: Additi  | onal Page   |                                      |   |                                    |
|---|---|---|--------------------------------------|---|------------------------------------|
|   | Brief description of the property and line on Schedule A/B that lists this property |   | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |
|   |   |   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                    |
|   | Brief description:  | Costume jewelry, earrings, watch                              | <u>\$_100</u>                        | <b>\$</b>   | 735 ILCS 5/12-1001(b) - \$100.00   |
|   | Line from Schedule A/B:   | 12  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Brief description:  | books, CDs, DVDs & Family<br>Photos                           | \$_ 50                               | <b></b>   | 735 ILCS 5/12-1001(a) - \$50.00    |
|   | Line from Schedule A/B:   | 14  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Brief description:  | Checking Account, Chase Bank, 60.00                           | <u>\$_60</u>                         |   | 735 ILCS 5/12-1001(b) - \$60.00    |
|   | Line from Schedule A/B:   | <u>17</u>   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Brief description:  | 401(k) or similar plan, West<br>Suburban Medical Center 401K, | \$Unknown                            |   | 735 ILCS 5/12-1006 - \$0.00        |
|   | Line from Schedule A/B:   | 0.00  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | No.  Yes. Did you  No  Yes.   | acquire the property covered by the                           | e exemption within 1,215 day         | ys before you filed this case?                                  |                                    |
|   |   |   |                                      |   |                                    |
|   |   |   |                                      |   |                                    |
|   |   |   |                                      |   |                                    |
| С | Official Form 106C  | Record # 745118   | Schedule C: The                      | e Property You Claim as Exempt                                  | Page 2 of 2                        |

| Fill in this in     | Caso 17 1650<br>formation to identify your c |                         | ilod 05/20/17  | red 05/30/17<br>8 of 59   | 11:57:29            | Desc Main           |                    |
|---------------------|--|-------------------------|--|---------------------------|---------------------|---------------------|--------------------|
| Debtor 1            | Veronica                                     |                         | Prieto Salazar   |                           |                     |                     |                    |
|                     | First Name                                   | Middle Name             | Last Name  |                           |                     |                     |                    |
| Debtor 2            |  |                         |  |                           |                     |                     |                    |
| (Spouse, if filing) | First Name                                   | Middle Name             | Last Name  |                           |                     |                     |                    |
| United States       | Bankruptcy Court for the : <u>NO</u>         | RTHERN District of I    | <u>LLINOIS</u>   |                           |                     |                     |                    |
| Case Number         |  |                         | (State)  |                           |                     | Check if this       | s is an            |
| (If known)          |  |                         | <u> </u>   |                           |                     | amended fil         | ling               |
| Official Fo         | orm 106D                                     |                         |  |                           |                     |                     |                    |
|                     |  | . Have Claim            | a Sacurad by Drana   | ·4·. ·                    |                     |                     | 12/15              |
|                     |  |                         | s Secured by Proper<br>are filing together, both are equa                      |                           | unnhuing correct    |                     |                    |
| formation. If n     |  | the Additional Page,    | fill it out, number the entries, an  |                           |                     | ny                  |                    |
|                     | ditors have claims secured                   | , ,                     |  |                           |                     |                     |                    |
| _                   |  |                         |  | -4h:                      | n Alaia fanna       |                     |                    |
|                     |  |                         | your other schedules. You have n   | otning eise to report o   | n this form.        |                     |                    |
| Yes. Fill           | l in all of the information belo             | W.                      |  |                           |                     |                     |                    |
| Part 1:             | ist All Secured Claims                       |                         |  |                           |                     |                     |                    |
|                     |  |                         |  |                           | Column A            | Column A            | Column C           |
|                     |  |                         | red claim, list the creditor separat   | -                         | Amount of claim     | Value of collateral | Unsecured          |
|                     |  | ·                       | m, list the other creditors in Part 2  | '                         | Do not deduct the   | that supports this  | portion            |
| AS IIIucii a        | s possible, list the claims in a             | aipriabelicai order acc | ording to the creditors name.  | `                         | value of collateral | claim               | If any             |
| 2.1 Alphera         | Financial SERV                               | Describ                 | e the property that secures the cla  | m: 9                      | \$_7,621.00         | <b>\$</b> 5,554.00  | \$ <u>2,067.00</u> |
| Creditor's N        |  | 2013 C                  | hrysler 200 with over 70,000 miles   | ;                         |                     |                     |                    |
|                     | itton Pkwy                                   |                         |  |                           |                     |                     |                    |
| Number              | Street                                       |                         |  |                           |                     |                     |                    |
|                     |  |                         | e date you file, the claim is: Check   | all that apply.           |                     |                     |                    |
| Hilliard            | OH 43  | 026                     | ingent<br>juidated   |                           |                     |                     |                    |
| City                | State Zip                                    |                         |  |                           |                     |                     |                    |
| Who owes            | the debt? Check one.                         |                         | of Lien. Check all that apply.   |                           |                     |                     |                    |
| Debtor 1            | 1 only                                       | _                       | greement you made (such as mortgage  | e or secured              |                     |                     |                    |
| Debtor 2            | 2 only                                       | car lo                  | oan)   |                           |                     |                     |                    |
| Debtor 1            | 1 and Debtor 2 only                          | Statu                   | utory lien (such as tax lien, mechanic's                                       | ien)                      |                     |                     |                    |
| At least            | one of the debtors and another               | = '                     | ment lien from a lawsuit   |                           |                     |                     |                    |
| Check               | if this claim relates to a                   | Othe                    | r (including a right to offset)  |                           |                     |                     |                    |
|                     | inity debt                                   |                         | F4   | -0                        |                     |                     |                    |
| Date Debt           | was incurred2013-06-0                        | 6 Last 4 d              | ligits of account number51   | 9                         |                     |                     |                    |
| Part 2:             | ist Others to Be Notified for                | a Debt That You Alread  | ly Listed  |                           |                     |                     |                    |
| loo thio            | nly if you have athers to be                 | atified about           | lementary for a dalah that was also also                                       | listed in Dark 4. Farrage | ample if casilarita | n aganay la         |                    |
|                     |  | -                       | kruptcy for a debt that you already<br>the creditor in Part 1, and then list t |                           |                     |                     |                    |
|                     |  |                         | he additional creditors here. If you   | do not have additional    | persons to be noti  | fied for any        |                    |
| epts in Part 1,     | do not fill out or submit this p             | page.                   |  |                           |                     |                     |                    |
|                     |  |                         |  |                           |                     |                     |                    |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$<u>7,621.00</u>

| Fill in this is  |  | Doc 1 Filad 05/  | 20/17 Ento   | red 05/30/17 11:57:29   | 9 Desc Main                          |                |
|--|--|--|--|---|--------------------------------------|----------------|
| Fill In this II  | nformation to identify your case:  |  |  | 9 of 59   |                                      |                |
| Debtor 1   | Veronica   | Prie   | eto Salazar  |   |                                      |                |
|  | First Name Middle  | e Name Last Na   | ame  |   |                                      |                |
| Debtor 2   |  |  |  |   |                                      |                |
| (Spouse, if filing)                                      | First Name Middle  | e Name Last Na   | ime  |   |                                      |                |
| United States  | s Bankruptcy Court for the : <u>NORTHE</u>   | ERN District of ILLINOIS (State  | A  |   | _                                    |                |
| Case Numbe   | er   | (State   | ,  |   | L Check if                           | this is an     |
| (If known)   |  |  |  |   | amended                              | d filing       |
| Official F   | orm 106E/F   |  |  |   |                                      |                |
| Schedule   | E/F: Creditors Who   | Have Unsecured   | Claims   |   |                                      | 12/15          |
| ist the other p /B: Property reditors with eeded, copy t | party to any executory contracts o<br>(Official Form 106A/B) and on ScI<br>partially secured claims that are I           | or unexpired leases that countedule G: Executory Contractisted in Schedule D: Creditorer the entries in the boxes of dicase number (if known). | ld result in a claim. A<br>cts and Unexpired Le<br>rs Who Have Claims  | t 2 for creditors with NONPRIORIT<br>lso list executory contracts on Sc<br>ases (Official Form 106G). Do not<br>Secured by Property. If more spa<br>Continuation Page to this page. O | hedule<br>include any<br>ce is       |                |
|  | aditara haya mri arity yana ayyad al   | laima amainat vav2   |  |   |                                      |                |
| _  | editors have priority unsecured cl   | aims against you?  |  |   |                                      |                |
| =  | so to Part 2.  |  |  |   |                                      |                |
| Yes.   | vour priority upsecured claims If  | a creditor has more than one   | priority unsecured of  | aim, list the creditor separately for e   | ach claim. For                       |                |
| each claim<br>nonpriority<br>unsecured                   | n listed, identify what type of claim i<br>y amounts. As much as possible, lis<br>d claims, fill out the Continuation Pa | it is. If a claim has both priority<br>at the claims in alphabetical or<br>age of Part 1. If more than one                                     | y and nonpriority amounter according to the control of the control | unts, list that claim here and show be<br>creditor's name. If you have more th<br>cular claim, list the other creditors in  | ooth priority and<br>an two priority |                |
| (For an ex   | planation of each type of claim, see   | e the instructions for this form   | in the instruction book  | Total clai  | im Priority                          | Nonpriority    |
|  |  |  |  |   | amount                               | amount         |
| Part 2:  | List All of Your NONPRIORITY Unse  | ecured Claims  |  |   |                                      |                |
| 3. Do any cre  | editors have nonpriority unsecure  | ed claims against you?   |  |   |                                      |                |
| No. Y  | ou have nothing to report in this pa   | rt. Submit this form to the cou  | urt with your other sch  | edules.   |                                      |                |
| Yes.   |  |  |  |   |                                      |                |
| nonpriority<br>included in                               | unsecured claim, list the creditor s   | separately for each claim. For nolds a particular claim, list the  | each claim listed, idea  | Ids each claim. If a creditor has montify what type of claim it is. Do not rt 3.If you have more than three nor   | list claims already                  |                |
|  | out the continuation rage of rait 2  |  |  |   |                                      | Total claim    |
| 4.1 ATG C  |  | Last 4 digits of accord  | unt number 4844  | 4   |                                      | <u>\$ 6.00</u> |
| Creditor's 1700 V  | Nortland St Ste 2  | When was the debt in   | ncurred? 201   | 6-2016  |                                      |                |
| Number   | Street   |  |  |   |                                      |                |
|  |  | As of the date you fil   | e, the claim is: Check   | all that apply.   |                                      |                |
| Chicag   | go IL 60622  | Contingent   |  |   |                                      |                |
| City   | State Zip Code   | Unliquidated   |  |   |                                      |                |
| _  | es the debt? Check one.  | Disputed   |  |   |                                      |                |
|  | r 1 only<br>r 2 only   | Type of NONPRIORI  | LA rinsecrited claim.  |   |                                      |                |
| =  | r 1 and Debtor 2 only  | Student loans  | . angecureu Claiiii:   |   |                                      |                |
| =  | st one of the debtors and another  | =  | out of a separation agree  | ement or divorce  |                                      |                |
| =  | k if this claim relates to a   |  | ort as priority claims   |   |                                      |                |
| comm   | nunity debt  | Debts to pension or  | r profit-sharing plans, and  | d other similar debts   |                                      |                |
| Is the cla   | im subject to offest?  | <b>-</b>   | Andinal Daht   |   |                                      |                |
| Yes  |  | Other. SpecifyN  | Medical Debt   |   |                                      |                |

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Case Number (if known) **Pocument** Veronica Debtor 1

| Part 2                                | Your NONPRIORITY Unsecured Claims - C           | Continuation Page  |                               |                    |
|---------------------------------------|---|--|-------------------------------|--------------------|
| After list                            | ing any entries on this page, number them b     | eginning with 4.4, followed by 4.5, ar   | nd so forth.                  | Total Claim        |
| 4.2                                   | CAP1/Bstby                                      | Last 4 digits of account number  | NULL                          | \$ <u>0.00</u>     |
|                                       | Creditor's Name                                 |  | 2006-2013                     |                    |
| -                                     | 26525 N Riverwoods Blvd                         | When was the debt incurred?  | 2000-2013                     |                    |
| '                                     | Number Street                                   |  |                               |                    |
| -                                     |   | As of the date you file, the claim is:   | : Check all that apply.       |                    |
| Ι,                                    | Mettawa IL 60045                                | Contingent   |                               |                    |
| -                                     | City State Zip Code                             | Unliquidated   |                               |                    |
|                                       | no owes the debt? Check one.                    | Disputed   |                               |                    |
|                                       | Debtor 1 only                                   |  |                               |                    |
|                                       | Debtor 2 only                                   | Type of NONPRIORITY unsecured of   | claim:                        |                    |
|                                       | Debtor 1 and Debtor 2 only                      | Student loans  |                               |                    |
|                                       | At least one of the debtors and another         | Obligations arising out of a separati  | ion agreement or divorce      |                    |
|                                       | Check if this claim relates to a                | that you did not report as priority cla  | aims                          |                    |
| I .                                   | community debt                                  | Debts to pension or profit-sharing p   | lans, and other similar debts |                    |
|                                       | the claim subject to offest?<br>I…              | _  |                               |                    |
| _ =                                   | No  | Other. Specify Credit Card or  | Credit Use                    |                    |
|                                       | Yes<br>Chase CARD                               | Last 4 digits of account number  | NULL                          | <b>\$</b> 921.00   |
| <del>- 7.0</del> -                    | Creditor's Name                                 |  | <del></del> _                 | *                  |
| <u> </u>                              | Po Box 15298                                    | When was the debt incurred?  | 2006-2017                     |                    |
| 1                                     | Number Street                                   |  |                               |                    |
|                                       |   | As of the date you file, the claim is:   | : Check all that apply.       |                    |
| -                                     |   | Contingent   | ,                             |                    |
| <u> </u>                              | Wilmington DE 19850                             | Unliquidated   |                               |                    |
|                                       | City State Zip Code                             | Disputed   |                               |                    |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Debtor 1 only                                   | ш :  |                               |                    |
| -                                     | Debtor 2 only                                   | Type of NONPRIORITY unsecured  | claim:                        |                    |
| <b> </b>                              | Debtor 1 and Debtor 2 only                      | Student loans  | ciaiii.                       |                    |
|                                       | At least one of the debtors and another         | Obligations arising out of a separati  | ion agreement or divorce      |                    |
|                                       | Check if this claim relates to a                | that you did not report as priority cla  |                               |                    |
| -                                     | community debt                                  | Debts to pension or profit-sharing p   |                               |                    |
| ls t                                  | the claim subject to offest?                    | _  |                               |                    |
|                                       | No  | Other. Specify Credit Card or  | Credit Use                    |                    |
|                                       | Yes<br>Chase CARD                               |  | NII II I                      | A 2 255 00         |
| 4.4                                   |   | Last 4 digits of account number  | NULL                          | \$ <u>2,355.00</u> |
|                                       | Creditor's Name<br>Po Box 15298                 | When was the debt incurred?  | 2006-2017                     |                    |
| -                                     | Number Street                                   |  | <del></del>                   |                    |
|                                       |   | As of the date you file, the claim is:   | Chook all that apply          |                    |
| -                                     |   | Contingent   | . Спеск ан шасарру.           |                    |
| \                                     | Wilmington DE 19850                             | Unliquidated   |                               |                    |
|                                       | City State Zip Code                             | Disputed   |                               |                    |
| _                                     | o owes the debt? Check one.                     | Disputed   |                               |                    |
| _ =                                   | Debtor 1 only                                   |  |                               |                    |
| _ =                                   | Debtor 2 only                                   | Type of NONPRIORITY unsecured of   | ciaim:                        |                    |
| _ =                                   | Debtor 1 and Debtor 2 only                      | Student loans  Obligations origing out of a congrati                             | ion agraement or diverse      |                    |
| _ =                                   | At least one of the debtors and another         | Obligations arising out of a separati<br>that you did not report as priority cla | =                             |                    |
|                                       | Check if this claim relates to a community debt | Debts to pension or profit-sharing p   |                               |                    |
| ls t                                  | the claim subject to offest?                    | Depres to beneaton or bront-silating b   | nans, and outer similar depts |                    |
|                                       | No  | Other. Specify Credit Card or  | Credit Use                    |                    |
|                                       | Yes   |  |                               |                    |

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Case Number (if known) Pocument Veronica Debtor 1

| Part 2+ Your NONPRIORITY Unsecured Claims          | - Continuation Page  |                  |
|--|--|------------------|
| After listing any entries on this page, number the | n beginning with 4.4, followed by 4.5, and so forth.   | Total Claim      |
| 4.5 Chicago Cardiology                             | Last 4 digits of account number  | <u>\$ 205.00</u> |
| Creditor's Name                                    |  |                  |
| 75 Remittance Drive, Suite 1224                    | When was the debt incurred?  |                  |
| Number Street                                      |  |                  |
|  | As of the date you file, the claim is: Check all that apply.   |                  |
|  | Contingent   |                  |
| Chicago IL 60675                                   | Unliquidated   |                  |
| City State Zip Code Who owes the debt? Check one.  | Disputed   |                  |
| Debtor 1 only                                      | _  |                  |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:   |                  |
| Debtor 1 and Debtor 2 only                         | Student loans  |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce   |                  |
| Check if this claim relates to a                   | that you did not report as priority claims   |                  |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |                  |
| Is the claim subject to offest?                    |  |                  |
| No   | Other. Specify Medical Debt  |                  |
| 4.6 COMENITY BANK/Lnbryant                         | Last 4 digits of account number NULL   | <b>\$</b> 0.00   |
| Creditor's Name                                    | East 4 digits of account number  | <del></del>      |
| Po Box 182789                                      | When was the debt incurred? 2006-2008  |                  |
| Number Street                                      |  |                  |
|  | As of the date you file, the claim is: Check all that apply.   |                  |
|  | Contingent   |                  |
| Columbus OH 43218                                  | Unliquidated   |                  |
| City State Zip Code                                | Disputed   |                  |
| Who owes the debt? Check one.                      |  |                  |
| Debtor 1 only                                      |  |                  |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:   |                  |
| Debtor 1 and Debtor 2 only                         | Student loans  Obligations origins out of a consention agreement or diverse                                |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce<br>that you did not report as priority claims |                  |
| Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts  |                  |
| Is the claim subject to offest?                    | bests to pension of profices family plans, and other similar debts   |                  |
| No   | Other. Specify Credit Card or Credit Use   |                  |
| Yes  |  |                  |
| 4.7 COMENITY BANK/Roamans                          | Last 4 digits of account number NULL   | <b>\$</b> 924.00 |
| Creditor's Name                                    | When was the debt incurred? 2012-2017  |                  |
| Po Box 182789                                      | When was the debt incurred? 2012-2017  |                  |
| Number Street                                      |  |                  |
|  | As of the date you file, the claim is: Check all that apply.   |                  |
| Calumahura Oll 42240                               | Contingent   |                  |
| Columbus OH 43218                                  | Unliquidated   |                  |
| City State Zip Code Who owes the debt? Check one.  | Disputed   |                  |
| Debtor 1 only                                      | _  |                  |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:   |                  |
| Debtor 1 and Debtor 2 only                         | Student loans  |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce   |                  |
| Check if this claim relates to a                   | that you did not report as priority claims   |                  |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |                  |
| Is the claim subject to offest?                    | _  |                  |
| No   | Other. Specify Credit Card or Credit Use   |                  |
| Yes  | <del>_</del>   |                  |

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| After li | sting any entries on this page, number them be     | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim        |
|----------|--|---|--------------------|
| 4.8      | Edward Health Ventures                             | Last 4 digits of account number                                   | \$ <u>233.00</u>   |
|          | Creditor's Name                                    |   |                    |
|          | Dept. 77-3471                                      | When was the debt incurred?                                       |                    |
|          | Number Street                                      |   |                    |
|          |  | As of the date you file, the claim is: Check all that apply.      |                    |
|          |  | Contingent  |                    |
|          | Chicago IL 60678                                   | Unliquidated  |                    |
| ١,       | City State Zip Code  Who owes the debt? Check one. | Disputed  |                    |
| l i      | Debtor 1 only                                      |   |                    |
| l i      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| l i      | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| l i      | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| l i      | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| "        | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| <u> </u> | s the claim subject to offest?                     |   |                    |
|          | No   | Other. Specify Medical/Dental Services                            |                    |
|          | Yes  |   |                    |
| 4.9      | Illinois Laboratory Medicine Associates, Ltd.      | Last 4 digits of account number                                   | <u>\$ 23.00</u>    |
|          | Creditor's Name                                    | When was the debt incurred?                                       |                    |
|          | P.O. Box 5966                                      | when was the dept incurred?                                       |                    |
|          | Number Street                                      |   |                    |
|          |  | As of the date you file, the claim is: Check all that apply.      |                    |
|          | Carol Stream IL 60197                              | Contingent  |                    |
|          | City State Zip Code                                | Unliquidated  |                    |
| ١ ١      | Who owes the debt? Check one.                      | Disputed  |                    |
|          | Debtor 1 only                                      |   |                    |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
|          | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
|          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
|          | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| '        | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
|          | s the claim subject to offest?                     |   |                    |
|          | No   | Other. Specify Medical Debt                                       |                    |
|          | Yes Illinois Pathology Associates                  | l and d allustra of account mumbers                               | \$ 1,099.00        |
| 4.10     | Creditor's Name                                    | Last 4 digits of account number                                   | \$ <u>1,000.00</u> |
|          | P.O. Box 5965                                      | When was the debt incurred?                                       |                    |
|          | Number Street                                      |   |                    |
|          |  | As of the date you file, the claim is: Check all that apply.      |                    |
|          | <del></del>  | Contingent  |                    |
|          | Carol Stream IL 60197                              | Unliquidated  |                    |
|          | City State Zip Code                                |   |                    |
| '        | Who owes the debt? Check one.                      | Disputed  |                    |
|          | Debtor 1 only                                      |   |                    |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
|          | Debtor 1 and Debtor 2 only                         | ☐ Student loans   |                    |
|          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| [        | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| .        | community debt s the claim subject to offest?      | Debts to pension or profit-sharing plans, and other similar debts |                    |
| i        | No   | Other Specify Medical Debt  |                    |
|          | Yes  | Other. Specify Medical Debt                                       |                    |
|          |  |   |                    |

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| Kohls/Capone         Last 4 digits of account number         NULL           Creditor's Name         N56 W 17000 Ridgewood Dr         When was the debt incurred?         2007-2017 | <u>\$ 537.00</u> |
|--|------------------|
| Creditor's Name  |                  |
| N56 W 17000 Ridgewood Dr When was the debt incurred?   |                  |
|  |                  |
| Number Street  |                  |
| As of the date you file, the claim is: Check all that apply.   |                  |
| Contingent   |                  |
| Menomonee Falls WI 53051 Unliquidated  |                  |
| City State Zip Code Who owes the debt? Check one.  |                  |
| Debtor 1 only  |                  |
| Debtor 2 only  Type of NONPRIORITY unsecured claim:  |                  |
| Debtor 1 and Debtor 2 only   |                  |
| At least one of the debtors and another Obligations arising out of a separation agreement or divorce   |                  |
| Check if this claim relates to a that you did not report as priority claims  |                  |
| community debt  Debts to pension or profit-sharing plans, and other similar debts  |                  |
| Is the claim subject to offest?  |                  |
| No Other. Specify Credit Card or Credit Use  |                  |
| Yes NIIII  | . 0.00           |
| 4.12 LANE BRYANT RETAIL/SOA Last 4 digits of account numberNULL  | \$ <u>0.00</u>   |
| Creditor's Name 450 Winks Ln  When was the debt incurred?  2006-2010   |                  |
| Number Street  |                  |
|  |                  |
| As of the date you file, the claim is: Check all that apply.   |                  |
| Bensalem PA 19020 Contingent   |                  |
| City State Zip Code Unliquidated   |                  |
| Who owes the debt? Check one. Disputed   |                  |
| Debtor 1 only  |                  |
| Debtor 2 only  Type of NONPRIORITY unsecured claim:  |                  |
| Debtor 1 and Debtor 2 only  Student loans  |                  |
| At least one of the debtors and another Obligations arising out of a separation agreement or divorce   |                  |
| Check if this claim relates to a that you did not report as priority claims  |                  |
| community debt  Debts to pension or profit-sharing plans, and other similar debts  |                  |
| Is the claim subject to offest?  |                  |
| No Other. Specify <u>Credit Card or Credit Use</u>   |                  |
| Yes 4 13 M3 Financial Services Last 4 digits of account number 9082  | \$ 8.00          |
| Last 4 digits of account number 9002   | <u> </u>         |
| 10330 W Roosevelt Rd S-2 When was the debt incurred? 2016-2017   |                  |
| Number Street  |                  |
| As of the date you file, the claim is: Check all that apply.   |                  |
| Contingent   |                  |
| Westchester IL 60154 Unliquidated  |                  |
| City State Zip Code  |                  |
| The state and ask. Shock one.  |                  |
| Debtor 1 only  |                  |
| Debtor 2 only  Type of NONPRIORITY unsecured claim:  |                  |
| Debtor 1 and Debtor 2 only  Student loans  |                  |
| At least one of the debtors and another  |                  |
| Check if this claim relates to a that you did not report as priority claims  |                  |
| community debt  Debts to pension or profit-sharing plans, and other similar debts  Is the claim subject to offest?   |                  |
|  |                  |
| No Other. Specify Medical Debt  Yes  |                  |

Debtor 1 Veronica Page 24 of 59 Case Number (if known)

| After I | isting any entries on this page, number them be   | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim        |
|---------|---|---|--------------------|
|         | Metropolitan Advanced Rad. Svc                    |   | \$ 8.00            |
| 4.14    | Creditor's Name                                   | Last 4 digits of account number                                   | \$ <u>0.00</u>     |
|         | 1362 Paysphere Circle                             | When was the debt incurred?                                       |                    |
|         | Number Street                                     |   |                    |
|         |   | As of the date you file, the claim is: Check all that apply.      |                    |
|         |   | Contingent  |                    |
|         | Chicago IL 60674                                  | Unliquidated  |                    |
| ١.      | City State Zip Code                               | Disputed  |                    |
|         | Who owes the debt? Check one.                     |   |                    |
|         | Debtor 1 only                                     | T (NONDRIADITY  |                    |
|         | Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:  Student loans               |                    |
|         | Debtor 1 and Debtor 2 only                        | Obligations arising out of a separation agreement or divorce      |                    |
|         | At least one of the debtors and another           | that you did not report as priority claims                        |                    |
| '       | Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar debts |                    |
|         | Is the claim subject to offest?                   |   |                    |
|         | No  | Other. Specify Medical/Dental Services                            |                    |
|         | Yes   |   |                    |
| 4.15    | Navient   | Last 4 digits of account number 0630                              | \$ <u>1,377.00</u> |
|         | Creditor's Name                                   | When was the debt incurred? 2006-2017                             |                    |
|         | Po Box 9500                                       | When was the debt incurred?                                       |                    |
|         | Number Street                                     |   |                    |
|         |   | As of the date you file, the claim is: Check all that apply.      |                    |
|         | Wilkes Barre PA 18773                             | Contingent  |                    |
|         | City State Zip Code                               | Unliquidated  |                    |
| 1       | Who owes the debt? Check one.                     | Disputed  |                    |
|         | Debtor 1 only                                     |   |                    |
|         | Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                    |
|         | Debtor 1 and Debtor 2 only                        | Student loans   |                    |
|         | At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                    |
|         | Check if this claim relates to a                  | that you did not report as priority claims                        |                    |
| Ι.      | community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                    |
|         | Is the claim subject to offest?  No               |   |                    |
|         | Yes   | Other. Specify  |                    |
| 4.16    | North American Partners in Anesthesia             | Last 4 digits of account number                                   | <b>\$</b> 94.00    |
| 7.10    | Creditor's Name                                   |   | <del></del>        |
|         | P.O. Box 69                                       | When was the debt incurred?                                       |                    |
|         | Number Street                                     |   |                    |
|         |   | As of the date you file, the claim is: Check all that apply.      |                    |
|         |   | Contingent  |                    |
|         | Brookville NY 11545                               | Unliquidated  |                    |
| Ι,      | City State Zip Code Who owes the debt? Check one. | Disputed  |                    |
|         | Debtor 1 only                                     | _   |                    |
|         | Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                    |
|         | Debtor 1 and Debtor 2 only                        | Student loans   |                    |
|         | At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                    |
|         | Check if this claim relates to a                  | that you did not report as priority claims                        |                    |
| '       | community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                    |
|         | ls the claim subject to offest?                   |   |                    |
|         | No  | Other. Specify Medical Debt                                       |                    |
|         | Yes   |   |                    |

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| After li | sting any entries on this page, number them be  | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim        |
|----------|---|---|--------------------|
| 4.17     | Radadvantage APC                                | Last 4 digits of account number                                   | \$ <u>17.00</u>    |
|          | Creditor's Name                                 |   |                    |
|          | PO Box 4542                                     | When was the debt incurred?                                       |                    |
|          | Number Street                                   |   |                    |
|          |   | As of the date you file, the claim is: Check all that apply.      |                    |
|          |   | Contingent  |                    |
|          | Carol Stream IL 60197                           | Unliquidated  |                    |
|          | City State Zip Code                             | Disputed  |                    |
| Y        | Who owes the debt? Check one.                   | Disputed  |                    |
|          | Debtor 1 only                                   |   |                    |
| <u> </u> | Debtor 2 only                                   | Type of NONPRIORITY unsecured claim:                              |                    |
| <u> </u> | Debtor 1 and Debtor 2 only                      | Student loans   |                    |
| L        | At least one of the debtors and another         | Obligations arising out of a separation agreement or divorce      |                    |
|          | Check if this claim relates to a                | that you did not report as priority claims                        |                    |
| ١.       | community debt                                  | Debts to pension or profit-sharing plans, and other similar debts |                    |
|          | s the claim subject to offest?                  | M / / / / / / / / / / / / / / / / / / /                           |                    |
|          | No  | Other. Specify Medical/Dental Services                            |                    |
| 4.40     | Yes Surgical Assoc of Oak Park and River Forest | Last 4 digits of account number                                   | \$ 209.00          |
| 4.18     | Creditor's Name                                 | Last 4 digits of account number                                   | <u> </u>           |
|          | 1 E. Erie Court, Suite 7160                     | When was the debt incurred?                                       |                    |
|          | Number Street                                   |   |                    |
|          |   | As of the date was file the delay by Object all the day           |                    |
|          |   | As of the date you file, the claim is: Check all that apply.      |                    |
|          | Oak Park IL 60302                               | Contingent  |                    |
|          | City State Zip Code                             | Unliquidated  |                    |
| <u> </u> | Who owes the debt? Check one.                   | Disputed  |                    |
|          | Debtor 1 only                                   |   |                    |
| [        | Debtor 2 only                                   | Type of NONPRIORITY unsecured claim:                              |                    |
|          | Debtor 1 and Debtor 2 only                      | Student loans   |                    |
|          | At least one of the debtors and another         | Obligations arising out of a separation agreement or divorce      |                    |
| Ī        | Check if this claim relates to a                | that you did not report as priority claims                        |                    |
| -        | community debt                                  | Debts to pension or profit-sharing plans, and other similar debts |                    |
| ls       | s the claim subject to offest?                  |   |                    |
|          | No  | Other. Specify Medical Debt                                       |                    |
| $\vdash$ | _Yes  | NUU   | . 5 050 00         |
| 4.19     | Syncb/SAMS CLUB DC                              | Last 4 digits of account number NULL                              | \$ <u>5,359.00</u> |
|          | Creditor's Name Po Box 965005                   | When was the debt incurred? 2012-2017                             |                    |
|          |   |   |                    |
|          | Number Street                                   |   |                    |
|          |   | As of the date you file, the claim is: Check all that apply.      |                    |
|          | Orlando FL 32896                                | Contingent  |                    |
|          | City State Zip Code                             | Unliquidated  |                    |
| v        | Who owes the debt? Check one.                   | Disputed  |                    |
|          | Debtor 1 only                                   |   |                    |
|          | Debtor 2 only                                   | Type of NONPRIORITY unsecured claim:                              |                    |
| [        | Debtor 1 and Debtor 2 only                      | Student loans   |                    |
|          | At least one of the debtors and another         | Obligations arising out of a separation agreement or divorce      |                    |
| 7        | Check if this claim relates to a                | that you did not report as priority claims                        |                    |
| "        | community debt                                  | Debts to pension or profit-sharing plans, and other similar debts |                    |
| ls       | s the claim subject to offest?                  | <u> </u>  |                    |
|          | No  | Other. Specify Credit Card or Credit Use                          |                    |
|          | Yes   |   |                    |

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| Par     | Your NONPRIORITY Unsecured Claims - C              | Continuation Page   |                  |
|---------|--|---|------------------|
| After I | isting any entries on this page, number them b     | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim      |
| 4.20    | Syncb/Walmart                                      | Last 4 digits of account number NULL                              | \$ <u>993.00</u> |
|         | Creditor's Name                                    | 2016 2017   |                  |
|         | Po Box 965024                                      | When was the debt incurred? 2016-2017                             |                  |
|         | Number Street                                      |   |                  |
|         |  | As of the date you file, the claim is: Check all that apply.      |                  |
|         | 0.1 . 1  | Contingent  |                  |
|         | Orlando FL 32896                                   | Unliquidated  |                  |
| ١,      | City State Zip Code  Who owes the debt? Check one. | Disputed  |                  |
|         | Debtor 1 only                                      | _   |                  |
| li      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
| l i     | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
| l i     | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|         | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| '       | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
| !       | s the claim subject to offest?                     |   |                  |
|         | No   | Other. Specify Credit Card or Credit Use                          |                  |
|         | Yes  |   |                  |
| 4.21    | Tenet Health                                       | Last 4 digits of account number                                   | <u>\$ 49.00</u>  |
|         | Creditor's Name                                    | When was the debt incurred?                                       |                  |
|         | P.O. Box 64030                                     | when was the debt incurred?                                       |                  |
|         | Number Street                                      |   |                  |
|         |  | As of the date you file, the claim is: Check all that apply.      |                  |
|         | Spring TX 77387                                    | Contingent  |                  |
|         | City State Zip Code                                | Unliquidated  |                  |
| ١ ١     | Who owes the debt? Check one.                      | Disputed  |                  |
|         | Debtor 1 only                                      |   |                  |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|         | Debtor 1 and Debtor 2 only                         | Student loans   |                  |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|         | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| '       | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|         | s the claim subject to offest?                     |   |                  |
|         | No   | Other. Specify Debt Owed  |                  |
|         | Yes UIC Pathology                                  | Look & diable of account months                                   | <b>\$</b> 92.00  |
| 4.22    | Creditor's Name                                    | Last 4 digits of account number                                   | \$ <u>92.00</u>  |
|         | 2723 Solution Center                               | When was the debt incurred?                                       |                  |
|         | Number Street                                      |   |                  |
|         |  | As of the date you file, the claim is: Check all that apply.      |                  |
|         |  | Contingent  |                  |
|         | Chicago IL 60677                                   |   |                  |
|         | City State Zip Code                                | Unliquidated  |                  |
|         | Who owes the debt? Check one.                      | Disputed  |                  |
|         | Debtor 1 only                                      |   |                  |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                  |
|         | Debtor 1 and Debtor 2 only                         | ☐ Student loans   |                  |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                  |
|         | Check if this claim relates to a                   | that you did not report as priority claims                        |                  |
| .       | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                  |
|         | s the claim subject to offest?                     | Madical/Dental Services   |                  |
|         | Yes  | Other. Specify Medical/Dental Services                            |                  |
| -       | <b>_</b> 1 · · · ·                                 |   |                  |

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Case Number (if known) **Pocument** Veronica Debtor 1

| Part 2# Your NONPRIORITY Unsecured Claims -         | Continuation Page  |                    |
|---|--|--------------------|
| After listing any entries on this page, number them | beginning with 4.4, followed by 4.5, and so forth.                 | Total Claim        |
| 4.23 UIC Physician Group                            | Last 4 digits of account number                                    | \$ <u>225.00</u>   |
| Creditor's Name                                     | 2015   |                    |
| 135 S. LaSalle St., Box 3293                        | When was the debt incurred? 2015                                   |                    |
| Number Street                                       |  |                    |
|   | As of the date you file, the claim is: Check all that apply.       |                    |
| N 20074   | Contingent   |                    |
| Chicago IL 60674                                    | Unliquidated   |                    |
| City State Zip Code Who owes the debt? Check one.   | Disputed   |                    |
| Debtor 1 only                                       |  |                    |
| Debtor 2 only                                       | Type of NONPRIORITY unsecured claim:                               |                    |
| Debtor 1 and Debtor 2 only                          | ☐ Student loans  |                    |
| At least one of the debtors and another             | Obligations arising out of a separation agreement or divorce       |                    |
| Check if this claim relates to a                    | that you did not report as priority claims                         |                    |
| community debt Is the claim subject to offest?      | Debts to pension or profit-sharing plans, and other similar debts  |                    |
| No  | Other. Specify Medical/Dental Services                             |                    |
| Yes   | Other. Specify   |                    |
| 4.24 UIC Physician Group                            | Last 4 digits of account number                                    | <b>\$</b> 4,160.00 |
| Creditor's Name                                     | · ———  |                    |
| 7720 Solution Center                                | When was the debt incurred?  |                    |
| Number Street                                       |  |                    |
|   | As of the date you file, the claim is: Check all that apply.       |                    |
|   | Contingent   |                    |
| Chicago IL 60677                                    | Unliquidated   |                    |
| City State Zip Code Who owes the debt? Check one.   | Disputed   |                    |
| Debtor 1 only                                       |  |                    |
| Debtor 2 only                                       | Type of NONDRIORITY uncessweed elemen                              |                    |
| Debtor 1 and Debtor 2 only                          | Type of NONPRIORITY unsecured claim: Student loans                 |                    |
| At least one of the debtors and another             | Obligations arising out of a separation agreement or divorce       |                    |
|   | that you did not report as priority claims                         |                    |
| Check if this claim relates to a community debt     | Debts to pension or profit-sharing plans, and other similar debts  |                    |
| Is the claim subject to offest?                     | Debte to period of profit ordining plants, and outer ordinal debte |                    |
| No  | Other. Specify Medical/Dental Services                             |                    |
| Yes   |  |                    |
| 4.25 Univ of III at Chicago - MSP                   | Last 4 digits of account number                                    | \$ <u>57.00</u>    |
| Creditor's Name                                     |  |                    |
| 815 Commerce Drive, Suite 270                       | When was the debt incurred?  |                    |
| Number Street                                       |  |                    |
|   | As of the date you file, the claim is: Check all that apply.       |                    |
| Only Brooks III COFOO                               | Contingent   |                    |
| Oak Brook IL 60523                                  | Unliquidated   |                    |
| City State Zip Code Who owes the debt? Check one.   | Disputed   |                    |
| Debtor 1 only                                       |  |                    |
| Debtor 2 only                                       | Type of NONPRIORITY unsecured claim:                               |                    |
| Debtor 1 and Debtor 2 only                          | Student loans  |                    |
| At least one of the debtors and another             | Obligations arising out of a separation agreement or divorce       |                    |
| Check if this claim relates to a                    | that you did not report as priority claims                         |                    |
| community debt                                      | Debts to pension or profit-sharing plans, and other similar debts  |                    |
| Is the claim subject to offest?                     | <u> </u>   |                    |
| No  | Other. SpecifyMedical Debt   |                    |
| Yes   | <del>_</del>   |                    |

Official Form 106E/F

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| After I | isting any entries on this page, number them be    | eginning with 4.4, followed by 4.5, and so forth.                            | Total Claim        |
|---------|--|--|--------------------|
| 4.26    | Univ of III Hospital & Health Sciences System      | Last 4 digits of account number  | <b>\$</b> 198.00   |
|         | Creditor's Name                                    | <del></del>  |                    |
|         | P.O. Box 3219                                      | When was the debt incurred?  |                    |
|         | Number Street                                      |  |                    |
|         |  | As of the date you file, the claim is: Check all that apply.                 |                    |
|         |  | Contingent   |                    |
|         | Oak Brook IL 60522                                 | Unliquidated   |                    |
|         | City State Zip Code Who owes the debt? Check one.  | Disputed   |                    |
|         | Debtor 1 only                                      |  |                    |
|         | Debtor 2 only                                      | Time of NONDRIORITY uncesswed claims   |                    |
|         | = '  | Type of NONPRIORITY unsecured claim:  Student loans                          |                    |
|         | Debtor 1 and Debtor 2 only                         | Obligations arising out of a separation agreement or divorce                 |                    |
|         | At least one of the debtors and another            | that you did not report as priority claims                                   |                    |
|         | Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts            |                    |
|         | Is the claim subject to offest?                    | Debts to pension or profit-straining plans, and other similar debts          |                    |
|         | No   | Other. Specify Medical Debt  |                    |
|         | Yes  | Outer. Openly  |                    |
| 4.27    | University of IL Hospital                          | Last 4 digits of account number  | <b>\$</b> 1,174.00 |
|         | Creditor's Name                                    |  |                    |
|         | 7705 Solution Center                               | When was the debt incurred?  |                    |
|         | Number Street                                      |  |                    |
|         |  | As of the date you file, the claim is: Check all that apply.                 |                    |
|         |  | Contingent   |                    |
|         | Chicago IL 60677                                   | Unliquidated   |                    |
| .       | City State Zip Code  Who owes the debt? Check one. | Disputed   |                    |
|         | Debtor 1 only                                      |  |                    |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:   |                    |
|         | = '  | Student loans  |                    |
|         | Debtor 1 and Debtor 2 only                         | Obligations arising out of a separation agreement or divorce                 |                    |
|         | At least one of the debtors and another            | that you did not report as priority claims                                   |                    |
|         | Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts            |                    |
|         | Is the claim subject to offest?                    | bests to pension or profit-sitating plans, and other similar desis           |                    |
|         | No   | Other. Specify Medical/Dental Service  |                    |
| L       | Yes  | Other, Opening   |                    |
| 4.28    | Village of Summit                                  | Last 4 digits of account number  | \$ <u>200.00</u>   |
|         | Creditor's Name                                    |  |                    |
|         | 7321 West 59th Street                              | When was the debt incurred?  |                    |
|         | Number Street                                      |  |                    |
|         |  | As of the date you file, the claim is: Check all that apply.                 |                    |
|         |  | Contingent   |                    |
|         | Summit IL 60501                                    | Unliquidated   |                    |
| .       | City State Zip Code Who owes the debt? Check one.  | Disputed   |                    |
|         | Debtor 1 only                                      | <b>ப</b> ்   |                    |
|         | Debtor 2 only                                      | Type of NONDDIODITY uncocured eleims   |                    |
|         |  | Type of NONPRIORITY unsecured claim:   |                    |
|         | Debtor 1 and Debtor 2 only                         | Student loans  Chilatetians griping out of a conception agreement or diverse |                    |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce                 |                    |
|         | Check if this claim relates to a                   | that you did not report as priority claims                                   |                    |
|         | community debt Is the claim subject to offest?     | Debts to pension or profit-sharing plans, and other similar debts            |                    |
|         | No   | Other. Specify Fines   |                    |
|         | Yes  | Outer. Specify   |                    |
|         |  |  |                    |

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Case Number (if known) Pacument Veronica Debtor 1 First Name West Suburban Medical Center \$ 6,000.00 4.29 Last 4 digits of account number Creditor's Name 2016 3 Erie Ct. When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Oak Park Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? Other. Specify Medical/Dental Services Yes

|    | Part 3:                    | List Others to Be Notified for a Debt That   | You A         | Already Listed                      |  |  |
|----|----------------------------|--|---------------|-------------------------------------|--|--|
| 5. | example, if 2, then list t | ge only if you have others to be notified ab<br>a collection agency is trying to collect fron<br>he collection agency here. Similarly, if you<br>reditors here. If you do not have additiona | n you<br>have | for a debt you on the more than one | we to someone else, list the original creditor for any of the debts that you | creditor in Parts 1 or<br>I listed in Parts 1 or 2, list the |
|    | Nationwide                 | Credit & Collection  |               | _                                   | On which entry in Part 1 or Part 2 li  | st the original creditor?                                    |
|    | Name<br>815 Comm           | erce Dr., Ste. 100   |               |                                     | Line7 of (Check one):  | Part 1: Creditors with Priority Unsecured Claims             |
|    | Number                     | Street   |               | _                                   |  | Part 2: Creditors with Nonpriority Unsecured Claims          |
|    |                            |  |               | _                                   |  |  |
|    | Oak Brook                  |  | IL            | 60523                               | Last 4 digits of account number  | <del></del>  |
|    | City                       | State  | Zip           | <br>Code                            |  |  |

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Case Number (if known) Pocument

Veronica Debtor 1

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                             |  |            | Total claim  |
|-----------------------------|--|------------|--------------|
| Total claims                | 6a. Domestic support obligations   | 6a.        | \$0.00       |
|                             | 6b. Taxes and Certain other debts you owe the government   | 6b.        | \$0.00       |
|                             | 6c. Claims for death or personal injury while you were intoxicated   | 6c.        | \$0.00       |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.   | 6d.        | \$0.00       |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.   | 6e.        | \$0.00       |
|                             |  |            | Total claim  |
| Total claims<br>from Part 2 | 6f. Student loans  | 6f.        | \$1,377.00   |
|                             | 6g. Obligations arising out of a separation agreement<br>or divorce that you did not report as priority<br>claims  | 6g.        | \$0.00       |
|                             | a Baltinta and Colored and Col |            | \$ 0.00      |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts  | 6h.        | \$0.00       |
|                             |  | 6h.<br>6i. | \$\$\$\$\$\$ |

| E:II                | in Abia in                                       | Caco 17   |  | 1 Filed 05/20/17   |                               | d 05/30/17 11:5   | 57:29 Desc                        | Main                               |       |
|---------------------|--|---|--|--|-------------------------------|---|-----------------------------------|------------------------------------|-------|
| FIII                | in this in                                       | formation to iden   | tity your case:  |  | 1                             | of 59   |                                   |                                    |       |
| Del                 | btor 1   | Veronica  |  | Prieto Sala  | zar                           |   |                                   |                                    |       |
| D-I                 | ht 0   | First Name  | Middle Name  | Last Name  |                               |   |                                   |                                    |       |
|                     | btor 2<br>ouse, if filing)                       | First Name  | Middle Name  | Last Name  | _                             |   |                                   |                                    |       |
| Uni                 | ited States                                      | Bankruptcy Court for  | r the : <u>NORTHERN</u> Dis  | strict of ILLINOIS   |                               |   |                                   |                                    |       |
| Ca                  | se Number  |   |  | (State)  |                               |   | <del></del>                       | Check if this is an amended filing |       |
| Offi∂               | rial F   | orm 106G  |  |  |                               |   |                                   | amondod ming                       |       |
|                     |  |   | ami Cantrasta  | and Unexpired Le   |                               |   |                                   |                                    | 12/15 |
| nformaddition 1. Do | ation. If nonal pages o you hav No. Ch Yes. Fill | nore space is needs, write your named any executory of each this box and so the information all of the information and so the each person of the space. | ded, copy the additional e and case number (if I contracts or unexpired submit this form to the contation below even if the cort company with whom | leases?  ourt with your other schedules.  contracts or leases are listed  you have the contract or lea | You have nothing Schedule A/B | ach it to this page. On the segment of the segment | orm.<br>106A/B)<br>se is for (for |                                    |       |
|                     | ample, re<br>expired le                          |   | cell phone). See the ins   | structions for this form in the ir   | struction bookle              | for more examples of exe  | ecutory contracts and             | d                                  |       |
| P                   | erson or   | company with wh   | nom you have the contr   | ract or lease  |                               | State what the contra   | ct or lease is for                |                                    |       |
| 2.1                 |  |   |  |  |                               |   |                                   |                                    |       |
|                     | Name   |   |  |  |                               |   |                                   |                                    |       |
|                     | Number   | Street  |  |  |                               |   |                                   |                                    |       |
|                     | City   |   | S  | tate Zip Code  |                               |   |                                   |                                    |       |
| 2.2                 |  |   |  |  |                               |   |                                   |                                    |       |
|                     | Name   |   |  |  |                               |   |                                   |                                    |       |
|                     |  |   |  |  |                               |   |                                   |                                    |       |
|                     | Number   | Street  |  |  |                               |   |                                   |                                    |       |
|                     | City   |   | S  | tate Zip Code  |                               |   |                                   |                                    |       |
| 2.3                 |  |   |  |  |                               |   |                                   |                                    |       |
|                     | Name   |   |  |  | <u> </u>                      |   |                                   |                                    |       |
|                     | Number   | Street  |  |  |                               |   |                                   |                                    |       |
|                     |  |   |  |  |                               |   |                                   |                                    |       |
|                     | City   |   | S  | tate Zip Code  |                               |   |                                   |                                    |       |
| 2.4                 |  |   |  |  |                               |   |                                   |                                    |       |
|                     | Name   |   |  |  | _                             |   |                                   |                                    |       |
|                     |  |   |  |  |                               |   |                                   |                                    |       |
|                     | Number   | Street  |  |  |                               |   |                                   |                                    |       |
|                     | City   |   | S  | tate Zip Code  |                               |   |                                   |                                    |       |
| 2.5                 |  |   |  |  |                               |   |                                   |                                    |       |
|                     | Name   |   |  |  |                               |   |                                   |                                    |       |
|                     | Number   | Street  |  |  |                               |   |                                   |                                    |       |
|                     | Hambel   | Oueer   |  |  |                               |   |                                   |                                    |       |

State Zip Code

City

| Fill in this in     | Fill in this information to identify your case: |                                       |                 |  |  |  |  |
|---------------------|---|---------------------------------------|-----------------|--|--|--|--|
| Debtor 1            | Veronica  |                                       | Prieto Salazar  |  |  |  |  |
|                     | First Name                                      | Middle Name                           | Last Name       |  |  |  |  |
| Debtor 2            | -   |                                       |                 |  |  |  |  |
| (Spouse, if filing) | First Name                                      | Middle Name                           | Last Name       |  |  |  |  |
| United States       | Bankruptcy Court fo                             | r the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |  |  |  |  |
| Case Number         | ·   |                                       | _               |  |  |  |  |
| (If known)          |   |                                       |                 |  |  |  |  |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any A | aditional  | Pages, write your name and cas  | e number (if known). Answ         | er every question.   |  |  |  |  |  |
|-------|--|---|-----------------------------------|----------------------|--|--|--|--|--|
| 1. D  | o you hav  | ve any codebtors? (If you are filir   | ng a joint case, do not list eith | ner spouse as a code | btor.)   |  |  |  |  |
|       | No.  |   |                                   |                      |  |  |  |  |  |
|       | Yes  |   |                                   |                      |  |  |  |  |  |
|       | 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Lousiiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) |   |                                   |                      |  |  |  |  |  |
|       | No. Go   | o to line 3.  |                                   |                      |  |  |  |  |  |
|       | Yes. D   | Did your spouse, former spouse, o   | r legal equivalent live with yo   | ou at the time?      |  |  |  |  |  |
|       | _  |   | erritory did you live?            | Fill in              | the name and current address of that person.                                     |  |  |  |  |
|       |  |   |                                   |                      |  |  |  |  |  |
|       | Nar  | me of your spouse, former spouse or legal e   | quivalent                         |                      |  |  |  |  |  |
|       | Nur  | mber Street   |                                   |                      |  |  |  |  |  |
|       | City   | <i>y</i>  | State                             | Zip Code             |  |  |  |  |  |
|       | chedule I  | D (Official Form 1665), Scriedule<br>E/F, or Schedule G to fill out Col<br>1: Your codebtor | •                                 | or Scredule G (Onic  | Column 2: The creditor to whom you owe the debt  Check all schedules that apply: |  |  |  |  |
| 3.1   |  |   |                                   |                      | Schedule D, line   |  |  |  |  |
|       | Name   |   |                                   |                      | Schedule E/F, line   |  |  |  |  |
|       | Number   | Street  |                                   |                      | Schedule G, line   |  |  |  |  |
|       | City   |   | State                             | Zip Code             |  |  |  |  |  |
| 3.2   |  |   |                                   |                      | Schedule D, line   |  |  |  |  |
|       | Name   |   |                                   |                      | Schedule E/F, line   |  |  |  |  |
|       | Number   | Street  |                                   |                      | Schedule G, line   |  |  |  |  |
|       | City   |   | State                             | Zip Code             |  |  |  |  |  |
| 3.3   |  |   |                                   |                      | Schedule D, line   |  |  |  |  |
|       | Name   |   |                                   |                      | Schedule E/F, line   |  |  |  |  |
|       | Number   | Street  |                                   |                      | Schedule G, line   |  |  |  |  |
|       | City   |   | State                             | Zip Code             |  |  |  |  |  |

Official Form 106H Record # 745118 Schedule H: Your Codebtors Page 1 of 1

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| Fill in this i                  | information to identify yo   |  | imeni Paue                 | 22 01 28                       |                                     |
|---------------------------------|--|--|----------------------------|--------------------------------|-------------------------------------|
| Debtor 1                        | Veronica   |  | Prieto Salazar             |                                |                                     |
| Desici 1                        | First Name   | Middle Name  | Last Name                  |                                |                                     |
| Debtor 2<br>(Spouse, if filing) | First Name   | Middle Name  | Last Name                  |                                |                                     |
|                                 |  | NORTHERN DISTRICT OF ILLINO  |                            |                                |                                     |
| Case Number                     |  | NOTHIERA BIOTHOT OF TEETHO   | <u></u>                    | Check if this                  | ie:                                 |
| (If known)                      | EI   | -  |                            |                                | ended filing                        |
|                                 |  |  |                            | =                              | ement showing post-petition         |
|                                 |  |  |                            | chapter                        | 13 income as of the following date: |
| Official F                      | orm 106I   |  |                            | MAA / D                        | <br>D / YYYY                        |
|                                 |  |  |                            | IVIIVI / D                     | D/ 1111                             |
| Schedu                          | le I: Your Inc   | ome  |                            |                                | 12/°                                |
|                                 | •  | e. If two married people are filing married and not filing jointly, a  | • • •                      |                                | •                                   |
| f you are sepa                  | rated and your spouse is   | not filing with you, do not included any additional pages, write yo    | de information about you   | r spouse. If more space is     | needed, attach a                    |
| separate sneet                  | to and form. On the top o  | rany additional pages, write yo  | ar name and case name      | i (ii kilowii). Allowel ever   | y question.                         |
| Part 1:                         | Describe Employment  |  |                            |                                |                                     |
| 1. Fill in you<br>informati     | ur employment<br>ion   |  | Debtor 1                   |                                | Debtor 2 or non-filing spouse       |
| attach a                        | eve more than one job, separate page with ion about additional rs. | Employment status  | Employed  X Not employed   |                                | Employed  Not employed              |
| -                               | oart-time, seasonal, or<br>oloyed work.                            | Occupation   |                            |                                |                                     |
|                                 | ion may Include student maker, if it applies.                      | Employers name   |                            |                                |                                     |
|                                 |  | Employers address  |                            |                                |                                     |
|                                 |  |  | -                          |                                |                                     |
|                                 |  |  | -                          |                                | ,                                   |
|                                 |  | How long employed there?   |                            |                                |                                     |
|                                 |  | non long amployed more:  |                            |                                |                                     |
| Part 2:                         | Give Details About Monthl  | y Income   |                            |                                |                                     |
| Estimate                        | e monthly income as of the   | ne date you file this form. If you                                     | have nothing to report for | r any line, write \$0 in the s | pace. Include your non-filing       |
| If you or                       | , , ,  | ve more than one employer, con<br>be, attach a separate sheet to thi   |                            | Il employers for that perso    | on on the                           |
|                                 |  |  |                            |                                |                                     |
|                                 |  |  |                            | For Debtor 1                   | For Debtor 2 or non-filing spouse   |
|                                 |  | y and commissions (before all parallel salculate what the monthly wage | -                          | \$0.00                         | \$0.00                              |
| 3. Estimat                      | te and list monthly overti   | те рау.  |                            | \$0.00                         | \$0.00                              |

 Official Form 106I
 Record # 745118
 Schedule I: Your Income
 Page 1 of 2

\$0.00

\$0.00

Calculate gross income. Add line 2 + line 3.

Case 17-16507 Doc 1

Middle Name

Filed 05/30/17 Document

Last Name

Entered 05/30/17 11:57:29

Desc Main

Debtor 1 Veroni

Veronica First Name Prieto Salazar

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Case Number (if known)

For Debtor 1 For Debtor 2 or non-filing spouse \$0.00 \$0.00 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions \$0.00 \$0.00 5a 5b. Mandatory contributions for retirement plans 5b. \$0.00 \$0.00 \$0.00 \$0.00 5c. Voluntary contributions for retirement plans 5c. 5d. Required repayments of retirement fund loans \$0.00 \$0.00 5d. \$0.00 \$0.00 5e. Insurance 5e 5f. Domestic support obligations \$0.00 5f. \$0.00 5g. Union dues \$0.00 \$0.00 5g. 5h. Other deductions. Specify: 5h. \$0.00 \$0.00 6. **Add the payroll deductions**. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h. 6. \$0.00 \$0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$0.00 \$0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a \$0.00 \$0.00 Interest and dividends \$0.00 \$0.00 8b. Family support payments that you, a non-filing spouse, or a 8c. 8c. \$ 0.00 \$ 0.00 dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$0.00 \$0.00 **Social Security** 8e 8e. \$0.00 \$0.00 8f. Other government assistance that you regularly receive 8f. \$0.00 \$0.00 Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income 8g. \$0.00 \$0.00 Other monthly income. Specify: \$0.00 8h. \$0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$0.00 \$0.00 Calculate monthly income. Add line 7 + line 9. 10. 10 \$0.00 \$0.00 \$0.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. \$0.00 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. \$0.00 12 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Do you expect an increase or decrease within the year after you file this form? X No. Yes. Explain:

| Fill in this in                                   | formation to identify your o                         | ase:                     |                                |   |   |                     |
|---|--|--------------------------|--------------------------------|---|---|---------------------|
| Debtor 1  | Veronica   |                          | Prieto Salazar                 | Check if this   | is:   |                     |
| 5   | First Name   | Middle Name              | Last Name                      | · · =   | nded filing                                 |                     |
| Debtor 2<br>(Spouse, if filing)                   | First Name   | Middle Name              | Last Name                      | <b>—</b>  | ement showing post<br>as of the following d |                     |
| United States                                     | Bankruptcy Court for the : <u>NC</u>                 | ORTHERN DISTRICT O       | F ILLINOIS                     |   |   |                     |
| Case Number                                       | ·  |                          | _                              | MM / DE   | D / YYYY                                    |                     |
|   | 400 l  |                          |                                | A separa  | ate filing for Debtor                       | 2 because Debtor 2  |
|   | orm 106J   |                          |                                | ☐ maintair  | ns a separate house                         | hold.               |
| Schedul   | e J: Your Expe                                       | nses                     |                                |   |   | 12/14               |
| -   |  |                          |                                | e equally responsible for suppose, write your name and case r |   |                     |
| Part 1:   | escribe Your Household                               |                          |                                |   |   |                     |
| 1. Is this a joi                                  |  |                          |                                |   |   |                     |
|   | So to line 2.<br>Does Debtor 2 live in a sepa        | arata hayaabald?         |                                |   |   |                     |
| 1es. 1  | No.  | irate nousenoiu:         |                                |   |   |                     |
|   | Yes. Debtor 2 must file                              | a separate Schedul       | e J.                           |   |   |                     |
| 2. Do you h                                       | nave dependents?                                     | No                       |                                | Dependent's relationship to                                   | Dependent's                                 | Does dependent live |
|   | st Debtor 1 and                                      | X Yes. Fill out          | this information for           | Debtor 1 or Debtor 2  | age   | with you?           |
| Debtor 2  |  | each depend              | dent                           | Daughter  | 6   | No<br>X Yes         |
| Do not st names.                                  | ate the dependents'                                  |                          |                                |   |   | No                  |
|   |  |                          |                                | Son, 5 months   | 0   | X Yes               |
|   |  |                          |                                |   |   | X No                |
|   |  |                          |                                |   |   | Yes                 |
|   |  |                          |                                |   |   | X No                |
|   |  |                          |                                |   |   | Yes                 |
|   |  |                          |                                |   |   | X No                |
| 3. Do your  | expenses include                                     |                          |                                |   |   | Yes                 |
| expense   | s of people other than and your dependents?          | X No                     |                                |   |   |                     |
|   |  | dy Evnance               |                                |   |   |                     |
|   | stimate Your Ongoing Month expenses as of your bankr |                          | ess you are using this form a  | s a supplement in a Chapter                                   | 13 case to report                           |                     |
| expenses as o                                     | •  | y is filed. If this is a | supplemental Schedule J, ch    | eck the box at the top of the                                 | form and fill in                            |                     |
| Include expens                                    | ses paid for with non-cash                           | -                        | =                              |   |   |                     |
| of such assista                                   | ance and have included it o                          | n Schedule I: Your I     | Income (Official Form 106l.)   |   | Y   | our expenses        |
|   | al or home ownership expeter for the ground or lot.  | nses for your reside     | ence. Include first mortgage p | ayments and   | 4.  | \$790.00            |
|   | cluded in line 4:                                    |                          |                                |   | ٠   | Ψ700.00             |
| 4a. Real estate taxes                             |  |                          |                                |   |   | \$0.00              |
| 4b. Property, homeowner's, or renter's insurance  |  |                          |                                |   | 4b.   | \$0.00              |
| 4c. Home maintenance, repair, and upkeep expenses |  |                          |                                |   | 4c.   | \$0.00              |
| 4d. Ho  | meowner's association or co                          | ndominium dues           |                                |   | 4d.   | \$0.00              |

Veronica

Debtor 1

First Name

Middle Name

Last Name

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Case Number (if known) \_\_

Your expenses \$0.00 5 Additional Mortgage payments for your residence, such as home equity loans 6. **Utilities:** \$0.00 6a. 6a. Electricity, heat, natural gas \$0.00 6b. Water, sewer, garbage collection \$100.00 Telephone, cell phone, internet, satellite, and cable service \$ 0.00 Other. Specify: 6d. \$400.00 7. 7. Food and housekeeping supplies \$0.00 8. 8. Childcare and children's education costs \$70.00 9. Clothing, laundry, and dry cleaning \$10.00 10. 10. Personal care products and services \$25.00 11. Medical and dental expenses 11. \$112.00 Transportation. Include gas, maintenance, bus or train fare. 12. Do not include car payments. \$0.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations 14. \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. \$0.00 15a. 15a Life insurance \$0.00 15b. Health insurance 15b. \$0.00 15c. Vehicle insurance 15c. \$0.00 15d. 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16 17. Installment or lease payments: \$0.00 17a. 17a. Car payments for Vehicle 1 \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. 17c. Other. Specify:\_ \$0.00 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as deducted \$0.00 from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$0.00 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. \$ 0.00 20b. Real estate taxes \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. 20d. Maintenance, repair, and upkeep expenses \$ 0.00 20e 20e. Homeowner's association or condominium dues

Official Form 106J Record # 745118 Schedule J: Your Expenses

Veronica Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name \$0.00 21. 21. Other. Specify: \_ 22.. Your monthly expense: Add lines 4 through 21. \$1,507.00 22. The result is your monthly expenses. 23. Calculate your monthly net income. 23a. \$0.00 23a. Copy line 12 (your comibined monthly income) from Schedule I. \$1,507.00 23b. Copy your monthly expenses from line 22 above. 23b.--\$1,507.00 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Explain Here: Yes.

Official Form 106J Record # 745118 Schedule J: Your Expenses Page 3 of 3

| Fill in this in     | Fill in this information to identify your case: |                                   |                     |  |
|---------------------|---|-----------------------------------|---------------------|--|
| Debtor 1            | Veronica  |                                   | Prieto Salazar      |  |
|                     | First Name                                      | Middle Name                       | Last Name           |  |
| Debtor 2            |   |                                   |                     |  |
| (Spouse, if filing) | First Name                                      | Middle Name                       | Last Name           |  |
| Case Number         |   | the : <u>NORTHERN</u> District of | ILLINOIS<br>(State) |  |
| (If known)          |   |                                   |                     |  |

## Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |
|---|---|
| Did you pay or agree to pay someone who is NOT and                | n attorney to help you fill out bankruptcy forms?   |
| Yes. Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|   |   |
| Under penalty of perjury, I declare that I have read the correct. | he summary and schedules filed with this declaration and that they are true and               |
| ★ /s/ Veronica Prieto Salazar                                     | ×   |
| Signature of Debtor 1   | Signature of Debtor 2   |
| Date 05/30/2017<br>MM / DD / YYYY                                 | DateMM / DD / YYYY  |

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|                     |                    | D(                                      | ocument rade of |
|---------------------|--------------------|---|-----------------|
| Fill in this in     | formation to ide   | ntify your case:                        |                 |
|                     |                    | **                                      |                 |
|                     |                    |   |                 |
| Debtor 1            | Veronica           |   | Prieto Salazar  |
|                     | First Name         | Middle Name                             | Last Name       |
|                     |                    |   |                 |
| Debtor 2            |                    |   |                 |
| (Spouse, if filing) | First Name         | Middle Name                             | Last Name       |
|                     |                    |   |                 |
| United States       | Bankruptcy Court f | for the : <u>NORTHERN</u> District of _ |                 |
|                     |                    |   | (State)         |
| Case Number         | ſ                  |   | _               |
| (If known)          |                    |   |                 |
|                     |                    |   |                 |

# Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| number (if known). Answer every question.   | o una form. On the to                           | p of any additional pages, write your frame and case   |                |
|---|---|--|----------------|
| Part 1: Give Details About Your Marital Status and Where Y  | ou Lived Before                                 |  |                |
| 01. What is your current marital status?  |   |  |                |
| Married   |   |  |                |
| Not married   |   |  |                |
| 02 During the last 3 years, have you lived anywhere other that  | an where you live nov                           | v?   |                |
| No.   |   |  |                |
| Yes. List all of the places you lived in the last 3 years. D  | o not include where yo                          | ou live now.   |                |
| Debtor 1  | Dates Debtor 1<br>lived there                   | Debtor 2:  | Dates Debtor 2 |
| <ul> <li>Within the last 8 years, did you ever live with a spouse or property states and territories include Arizona, California, and Wisconsin.)</li> <li>No.</li> <li>Yes. Make sure you fill out Schedule H: Your Codebtors</li> </ul> | legal equivalent in a<br>, Idaho, Louisiana, Ne | community property state or territory? (Community evada, New Mexico, Puerto Rico, Texas, Washington, |                |
| Part 2: Explain the Sources of Your Income  |   |  |                |
|   |   |  |                |
|   |   |  |                |
|   |   |  |                |
|   |   |  |                |
|   |   |  |                |
|   |   |  |                |
|   |   |  |                |
|   |   |  |                |
|   |   |  |                |
|   |   |  |                |
|   |   |  |                |

Case 17-16507 Doc 1 Filed 05/30/17 Entered 05/30/17 11:57:29 Desc Main Document Page 40 of 59 Debtor 1 Veronica Prieto Salazar Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, \$6,182 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, \$19,686 For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2016) Operating a business Operating a business Wages, commissions, Approx. \$7,000 Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2015) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

Case 17-16507 Doc 1 Filed 05/30/17 Entered 05/30/17 11:57:29 Desc Main

Case Number (if known) \_\_

Document Page 41 of 59 Prieto Salazar

|    | First Name Middle Name   | Last Name   |  |   |   |
|----|--|---|--|---|---|
| 06 | Are either Debtor 1's or Debtor 2's debts p  | rimarily consumer debts?  |  |   |   |
|    | No. Neither Debtor 1 nor Debtor 2 has "incurred by an individual primarily 1 During the 90 days before you filed   | for a personal, family, or housel   | nold purpose."   |   | 38  |
|    | ☐ No. Go to line 7.  |   |  |   |   |
|    |  | litor. Do not include payments for, do not include payments to ar   | or domestic support ob<br>a attorney for this bank                           | ligations, such as ruptcy case.   |   |
|    | Yes. <b>Debtor 1 or Debtor 2 or both have</b> During the 90 days before you filed  |   | ny creditor a total of \$6   | 00 or more?   |   |
|    | No. Go to line 7.  |   |  |   |   |
|    |  | o whom you paid a total of \$600<br>nts for domestic support obligati<br>ayments to an attorney for this b  | ions, such as child sup  |   |   |
|    |  | Dates of  | Total amount paid  | Amount you still  | owe Was this payment for                        |
|    |  | payments  |  |   |   |
| 07 | Within 1 year before you filed for bankruptcy Insiders include your relatives; any general proporations of which you are an officer, direagent, including one for a business you oper such as child support and alimony.  No.  Yes. List all payments to an insider. | partners; relatives of any genera<br>ector, person in control, or owne<br>rate as a sole proprietor. 11 U.S | ll partners; partnership<br>r of 20% or more of th<br>.C. § 101. Include pay | es of which you are a gener<br>eir voting securities; and ar<br>ments for domestic suppor | ny managing<br>t obligations,                   |
|    |  | Dates of payment  | Total amount paid  | Amount you still owe  | Reason for this payment                         |
| 08 | Within 1 year before you filed for bankruptcy an insider? Include payments on debts guaranteed or co  No.  Yes. List all payments to an insider.   |   | r transfer any property  | on account of a debt that   | penefited                                       |
|    | Tes. List all payments to an insider.  | Dates of payment  | Total amount paid  | Amount you still owe  | Reason for this payment Include creditor's name |
| Ţ  | art 4: Identify Legal actions, Repossession  |   | paiu   | OWE   | include creditor 3 manie                        |
|    | Within 1 year before you filed for bankruptcy List all such matters, including personal injur modifications, and contract disputes.  No.   | , were you a party in any lawsui  |  |   | rt or custody                                   |
|    | Yes. Fill in the details.  |   |  |   |   |
| 10 | Within 1 year before you filed for bankruptcy  |   |  | r agency<br>arnished, attached, seized  | Status of the case , or levied?                 |
|    | Check all that apply and fill in the details below.  No. Go to line 11   | ow.   |  |   |   |
|    | Yes. Fill in the information below.  |   |  |   |   |
|    |  |   |  |   |   |

Veronica

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Prieto Salazar Veronica Debtor 1 Case Number (if known) First Name Middle Name Last Name Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No. Go to line 11 Yes. Fill in the information below. 12 Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ☐ Yes. **List Certain Gifts and Contributions** Part 5: 13 Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No. Yes. Fill in the details for each gift. 14 Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift. List Certain Losses Part 6: 15 Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No. Yes. Fill in the details for each gift. **List Certain Payments or Transfers** Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No. Yes. Fill in the details **Party Contact Info** Description and value of any property transferred Date payment Amount of payment or transfer Geraci Law L.L.C. \$2,135.00 55 E. Monroe Street #3400 Chicago,IL 60603 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Yes. Fill in the details. 18 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details for each gift.

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Page 43 of 59 Document Veronica Prieto Salazar Case Number (if known) Debtor 1 First Name Middle Name Last Name Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No. Yes. Fill in the details for each gift. List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Last 4 digits of account number Last balance before Type of account or Date account was instrument closed, sold, moved. closing or transfer or transferred 21 Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? 22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have it? **Identify Property You Hold or Control for Someone Else** Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No. Yes. Fill in the details. Value Where is the property? Describe the property **Give Details About Environmental Information** Part 10: For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24 Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice

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| 25 | Have you notified any governmental unit of   | any release of hazardous material?           |   |                    |  |  |  |
|----|--|--|---|--------------------|--|--|--|
|    | No.  |  |   |                    |  |  |  |
|    | Yes. Fill in the details.  |  |   |                    |  |  |  |
|    |  | Governmental unit                            | Environmental law, if you know it         | Date of notice     |  |  |  |
|    |  |  |   |                    |  |  |  |
| 26 | Have you been a party in any judicial or adn   | ninistrative proceeding under any enviro     | nmental law? Include settlements and ord  | lers.              |  |  |  |
|    | No.  |  |   |                    |  |  |  |
|    | Yes. Fill in the details.  |  |   |                    |  |  |  |
|    |  | Court or agency                              | Nature of the case                        | Status of the case |  |  |  |
|    |  |  |   |                    |  |  |  |
| Pa | Give Details About Your Business or  | Connections to Any Business                  |   |                    |  |  |  |
| 27 | Within 4 years before you filed for bankrupt   | cy, did you own a business or have any       | of the following connections to any busin | ess?               |  |  |  |
|    | A sole proprietor or self-employed in  | a trade, profession, or other activity, eit  | her full-time or part-time                |                    |  |  |  |
|    | A member of a limited liability compa  | any (LLC) or limited liability partnership ( | LLP)                                      |                    |  |  |  |
|    | A partner in a partnership   |  |   |                    |  |  |  |
|    | An officer, director, or managing exe  | cutive of a corporation                      |   |                    |  |  |  |
|    | An owner of at least 5% of the voting  | or equity securities of a corporation        |   |                    |  |  |  |
|    | _  |  |   |                    |  |  |  |
|    | No. None of the above applies. Go to Par   | t 12.  |   |                    |  |  |  |
|    | Yes. Check all that apply above and fill in  | the details below for each business.         |   |                    |  |  |  |
|    |  |  |   |                    |  |  |  |
| 28 | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |  |   |                    |  |  |  |
|    | ■ No.  |  |   |                    |  |  |  |
|    | Yes. Fill in the details.  |  |   |                    |  |  |  |
|    |  | Date issued                                  |   |                    |  |  |  |
| Pa | rt 12: Sign Below  |  |   |                    |  |  |  |
|    | Sign Below   |  |   |                    |  |  |  |
|    | have read the answers on this Statement of   |  |   |                    |  |  |  |
|    | answers are true and correct. I understand the<br>n connection with a bankruptcy case can res  |  |   | by fraud           |  |  |  |
|    | 18 U.S.C. §§ 152, 1341, 1519, and 3571.  | uit in filles up to \$250,000, or imprisonin | ent for up to 20 years, or both.          |                    |  |  |  |
|    |  |  |   |                    |  |  |  |
|    |  |  |   |                    |  |  |  |
|    | 🗶 /s/ Veronica Prieto Salazar  | <b>x</b>                                     |   |                    |  |  |  |
|    | Signature of Debtor 1  | Signature of De                              | btor 2                                    |                    |  |  |  |
|    |  |  |   |                    |  |  |  |
|    | Date 05/30/2017  | Date   |   |                    |  |  |  |
|    | MM / DD / YYYY   | MM / D                                       | 1) / YYYY                                 |                    |  |  |  |
|    |  |  | <i>5</i> / 1111                           |                    |  |  |  |
|    |  |  |   |                    |  |  |  |
| 1  | Did you attach additional pages to Your State  |  |   | ?                  |  |  |  |
|    | Did you attach additional pages to <i>Your State</i>   |  |   | ?                  |  |  |  |
|    | No   |  |   | ?                  |  |  |  |
|    | _  |  |   | ?                  |  |  |  |
|    | No   | ement of Financial Affairs for Individuals   | Filing for Bankruptcy (Official Form 107) | ?                  |  |  |  |
|    | ■ No<br>□ Yes  | ement of Financial Affairs for Individuals   | Filing for Bankruptcy (Official Form 107) | ?                  |  |  |  |
|    | ■ No □ Yes Did you pay or agree to pay someone who is ■ No   | ement of Financial Affairs for Individuals   | Filing for Bankruptcy (Official Form 107) |                    |  |  |  |
|    | ■ No □ Yes  Did you pay or agree to pay someone who is   | ement of Financial Affairs for Individuals   | Filing for Bankruptcy (Official Form 107) | s Notice,          |  |  |  |

| Fill in this info           | Caso 17 16507 Doc 1 Formation to identify your case:                                  | Filed 05/30/17 Entered 05/30/17 1<br>5 of 59                   | 1:57:29 Desc Main                                      |
|-----------------------------|---|--|--|
|                             | Verenies  |  |  |
| Debtor 1                    | Veronica First Name Middle Name   | Prieto Salazar   |  |
| Debtor 2                    | TIST Name   | Editivante   |  |
| l '                         | First Name Middle Name  | Last Name  |  |
| United States B             | ankruptcy Court for the : <u>NORTHERN</u> District of                                 | ILLINOIS   |  |
|                             |   | (State)  | Check if this is an                                    |
| Case Number _<br>(If known) |   | _  | amended filing   |
| Official Fo                 | <u>rm 108</u>   |  |  |
| Statemen                    | t of Intention for Individua  | ls Filing Under Chapter 7                                      | 12/1:  |
| _                           | vidual filing under chapter 7, you must fill out                                      | this form if:  |  |
|                             | claims secured by your property, or<br>ad personal property and the lease has not exp | nired  |  |
| _                           |   | file your bankruptcy petition or by the date set for the mee   | eting of creditors,                                    |
| whichever is earl           | ier, unless the court extends the time for caus                                       | e. You must also send copies to the creditors and lessors      | s you list.  |
| If two married pe           | ople are filing together in a joint case, both are                                    | e equally responsible for supplying correct information.       |  |
|                             | st sign and date the form.  |  |  |
| -                           |   | ded, attach a separate sheet to this form. On the top of an    | y additional pages,                                    |
|                             | and case number (if known).   |  |  |
| Part II                     | st Your Creditors Who Have Secured Claims   |  |  |
| 1. For any credi            | -   | reditors Who Have Claims Secured by Property (Official F       | orm 106D), fill in the                                 |
| Identify the co             | reditor and the property that is collateral   | What do you intend to do with the property the secures a debt? | at Did you claim the property as exempt on Schedule C? |
| Creditor's                  |   | Surrender the property   | No   |
| name:                       | Alphera Financial SERV  | Retain the property and redeem it                              | —<br>□ Yes   |
| Description                 | of 2013 Chrysler 200 with over 70,000 miles   | Retain the property and enter into                             | <u>—</u>   |
| property                    |   | Reaffirmation Agreement.                                       |  |
| securing de                 | ebt:  | Retain the property and [explain]:                             |  |
|                             |   |  |  |
| Creditor's                  |   | Surrender the property   | ∏ No   |
| name:                       |   | Retain the property and redeem it                              | <del>-</del>   |
| Description                 | of .  | Retain the property and enter into                             | ☐ 1 C3   |
| Description property        | OI .  | Reaffirmation Agreement.                                       |  |
| securing de                 | ebt:  | Retain the property and [explain]:                             |  |
|                             |   |  |  |
| Creditor's                  |   | Surrender the property   | □ No   |
| name:                       |   | Retain the property and redeem it                              | <b>—</b>   |
| <u> </u>                    | ,   | Retain the property and enter into                             | ☐ 1C3  |
| Description property        | Of  | Reaffirmation Agreement.                                       |  |
| securing de                 | ebt:  | Retain the property and [explain]:                             |  |
|                             |   |  |  |
| Creditor's                  |   | Surrandar the property   |  |
| name:                       |   | ☐ Surrender the property ☐ Retain the property and redeem it   | <u> </u>   |
|                             |   | Retain the property and redeem to                              | □ 163  |
| Description                 | ı of  | Reaffirmation Agreement.                                       | a  |
| property<br>securing de     | aht.  | Retain the property and [explain]:                             |  |
| Securing 06                 | SDI.  | ☐ Ineralli the property and [explain].                         |  |

Debtor 1

Veronica Case 17-16507

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Desc Main

First Name

Middle Name

| Part 2: List Your Unexpired Personal Property Leases   |  |
|--|--|
| For any unexpired personal property lease that you listed in Schedule G: Executory Cont        | racts and Unexpired Leases (Official Form 106G),     |
| fill in the information below. Do not list real estate leases. Unexpired leases are leases the | at are still in effect; the lease period has not yet |
| ended. You may assume an unexpired personal property lease if the trustee does not ass         | ume it. 11 U.S.C. § 365(p)(2).                       |
| Describe your unexpired personal property leader   | Will the long be assumed?                            |
| Describe your unexpired personal property leases   | Will the lease be assumed?                           |
| Lessor's name:   | □ No   |
|  | Yes  |
| Description of leased  |  |
| property:  |  |
| Lessor's name:   | □ No   |
| Ecosor s rianc.  |  |
| Description of leased  | ☐ Yes  |
| property:  |  |
|  |  |
| Lessor's name:   | □No  |
|  | Yes  |
| Description of leased  |  |
| property:  |  |
|  |  |
| Lessor's name:   |  |
| Description of leased  | □Yes   |
| property:  |  |
|  |  |
| Lessor's name:   | □No  |
|  | Yes  |
| Description of leased  |  |
| property:  |  |
|  | П.,  |
| Lessor's name:   |  |
| Description of leased  | □Yes   |
| Description of leased property:  |  |
| property.  |  |
| Lessor's name:   | □ No   |
|  | ☐ Yes  |
| Description of leased  | □ 1es  |
| property:  |  |
|  |  |
| Part 3: Sign Below   |  |
|  |  |
| Inder penalty of perjury, I declare that I have indicated my intention about any property of   | my estate that secures a debt and any                |
| personal property that is subject to an unexpired lease.                                       |  |
| 40   |  |
| ★ /s/ Veronica Prieto Salazar Signature of Debtor 1 Signature of Debtor 2                      |  |
|  |  |
| Date   |  |
| MM / DD / YYYY MM / DD / YY  | Y Y  |

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court

|     | NORTHERN DISTR  | CICT OF ILLINOIS EASTERN DIVISION  |
|-----|---|--|
| [n  | re  |  |
| Ve  | ronica Prieto Salazar / Debtor  | Case No:   |
|     |   | Chapter: Chapter 7   |
|     | DISCLOSURE OF COM   | MPENSATION OF ATTORNEY FOR DEBTOR  |
|     | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b mpensation paid to me within one year before the filing of the | o), I certify that I am the attorney for the above named debtor(s) and that ne petition in bankruptcy, or agreed to be paid to me, for services aplation of or in connection with the bankruptcy case is as follows: |
|     | For legal services, I have agreed to accept   | \$1,800.00   |
|     | Prior to the filing of this statement I have received   | \$1,800.00   |
|     | Balance Due   | \$0.00   |
|     |   |  |
| 2.  | The source of the compensation paid to me was:  |  |
|     | Debtor(s) Other: (specify)  |  |
| 3.  | The source of compensation to be paid to me is:   |  |
|     | Debtor(s) Other: (specify)  |  |
| 4.  |   | ensation with any other person unless they are members and associates  |
|     |   | ation with a other person or persons who are not members or associates with a list of the names of the people sharing in the compensation, is  |
| 5.  | In return for the above-disclosed fee, I have agreed to rene case, including:   | der legal service for all aspects of the bankruptcy  |
|     | Analysis of the debtor's financial situation, and rend bankruptcy;  | ering advice to the debtor in determining whether to file a petition in  |
|     | b. Preparation and filing of any petition, schedules, stat  | ements of affairs and plan which may be required;  |
|     | c. Representation of the debtor at the meeting of creditor  | ors, and any adjourned hearings thereof;   |
| 6.  | By agreement with the debtor(s), the above-disclosed fee  | -  |
| cha | apter, judicial lien avoidances, dischargeability actions, other  | endments to schedules, adversary complaints or conversions to another r contested matters except the first meeting of creditors.   |
|     | C   | ERTIFICATION   |
|     | I certify that the foregoing is a complete s payment to me for representation of the debto                              | statement of any agreement or arrangement for or(s) in this bankruptcy proceedings.  |
|     | Date: 05/30/2017  | /s/ David Derrick Lugardo  |
|     | Date  | Signature of Attorney  |

745118 Page 1 of 1 Record #

Geraci Law L.L.C. Name of law firm

Case 17-16507 Gerati Law 19560/Hinois Internal Wisconsin: 57:29 Desc Main Headquarters: 55 E. Monroe Street, #3400 Chestell Inches & Base 4670f 59ENT CORNER WWW.INFOTAPES.COM Desc Main

Date: 5/19/2017

Consultation Attorney: FCH

Record #: 745-118



# Retainer Agreement Chapter 7 - Pre-filing

| Services before filing   | in Court: I retain Geraci  | Law L.L.C. to prepare to  | file a Chapter 7 bankruptcy   | petition in court. I agree to pay, by  |
|--|--|---|---|--|
| debit only, a flat fee for   | services <b>before</b> filing in co  | ) nor (   | \ starting {  | } .  |
| at \$ {  | today, \$ {  | } per {   | within 60 days of 1   | oday. Bankruptcy is time-sensitivel pre-filing fee is discharged. We will  |
| and \${}}  | is amount to pro pay post-   | filing services. After filing   | in court any balance on the   | pre-filing fee is discharged. We will  |
|  |  |   |   | ork or Costs advanced AFTER filing   |
| start preparing your up  | in the pre-filing amount, u  | nless you pay us for it in a  | advance:  | · · · ·  |
|  |  |   |   |  |
| \$ <u>1,800.00</u> & \$3 services after filing the voluntary: you are not  | 35 = \$ <u>2,135.00</u> total  | flat fee. We will present<br>closing without discharg<br>w for post-bankruptcy se   | you with an agreement to replace. Whether or not you sign   | at fee for services <b>after</b> case filing is pay the \$335, and pay a fee for our a post-filing agreement is entirely ner law firm to finish your bankruptcy  |
| statement of financial affattachments, web uploa proceeding; taking calls court, all work until calls including to reopen avo  | fairs; phone calls, emails, weld<br>ds and mail; office appointment<br>from your creditors or bill coll<br>se closing is included except<br>in judgment liens, for enlarge   | o messages; processing and<br>ent to review and sign your<br>ectors. If you decide to pi<br>t: missed section 341 mee<br>ment of time; any contested                                    | petition; filing your case in cour<br>e-pay, or pay for ALL services<br>tings; amendments to scheduled<br>matter including but not limited                                    | n petition and schedules, means test & equested from you including faxes, email t. Excluded: appearance in any court or before and after we file your case in es; adversary proceedings; any motions to objections to exemptions, motions to earance other than bankruptcy court.  |
| choose to pay for our s  Advance Payment Ret  client trust account. We   | ervices billed hourly at \$75 -  | \$450/hour, and pay in adva<br>or hourly become our prope<br>ss You may enter into a se   | nce a security retaler, which ma<br>into on payment and are deposit   | ed and it usually is cheaper, but you may<br>y cost you more, or less than a flat fee.<br>ed into our operating account, not into a<br>nother law firm: we will not because you  |
| according to this sche<br>above. We will only r<br>receiving written notice<br>unearned advanced fee<br>of the dispute to Geraci   | edule, I agree that Geraci I efund fees not earned. Wis of the dispute. You may file   | .aw may discontinue work<br>consin: We will submit any<br>a claim with the Wisconsin<br>of the fee and want that disp<br>illing of the accounting. If we                                | k and charge me for the work<br>unresolved dispute about the for<br>Lawyers' Fund for Client Prote<br>oute to be submitted to binding a<br>e are unable to resolve the disput | e all information & sign my petition to done to date at hourly rates shown be to binding arbitration within 30 days of action if the we fail to provide a refund of the refunding to the satisfaction of you within 30 days to the satisfaction of you within 30 days  |
| than one attorney or st circumstances: This fl property. File Chapter Creditors or others may loans; educational debt after filing including HC course. I will not trans | aff will work on your file the at fee is based on the facts you have property not only object to a chapter 7 disches and tuition; most tax debts of the chapter of the chapter in the chap | re is no extra charge for the<br>but old us. If that changes,<br>aimed as exempt, or risk tuarge of certain debts or to<br>; undisclosed debts; mainter<br>vour green folder as usually | your fee may change. <b>Exemp</b> rn over "non-exempt" property to any discharge, for a variety of r nance or support; fines; fraud, s v not discharged. <b>No discharge</b>  | d not to cause excessive work; that more e single attorney "law firms". Change in tion laws only protect a limited amount of a Trustee. No guarantee of Discharge easons. Debts not discharged: studen stealing or intentional injury claims, debts if you don't take the 2nd educational disclosure of all income, expenses, debt |
| Date:01719 ~ (   | X Wohn 7   | 6   | X(Joint Debtor)   |  |
|  | Prieto (Debtor)  |   | (Joint Deptor)  |  |
| ×  |  | Attorney for the Debtor(s)  | , Representing Geraci Law L.L.C   | c. rev 161112  |

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Veronica Prieto Salazar / Debtor Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 05/30/2017 /s/ Veronica Prieto Salazar

Veronica Prieto Salazar

X Date & Sign

Record # 745118 B 1D (Official Form 1, Exh.D)(12/08) Page 1 of 1

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

# Document Page 50 of 59 In re Veronica Prieto Salazar / Debtor

## UNITED STATES BANKRUPTCY COURT

# NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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In re Veronica

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 05/30/2017 | /s/ Veronica Prieto Salazar |
|-------------------|-----------------------------|
|                   | Veronica Prieto Salazar     |

Dated: 05/30/2017 /s/ David Derrick Lugardo

Attorney: David Derrick Lugardo

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Veronica Debtor 1 Prieto Salazar Case Number (if known) Middle Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) What kind of debts do as "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. UNo. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and Do you estimate that after administrative expenses are paid that funds will be available to distribute to unsecured creditors? any exempt property is excluded and administrative expenses Yes. are paid that funds will be available for distribution to unsecured creditors? 18. How many creditors do 1-49 1,000-5,000 25,001-50,000 you estimate that you **50-99** 5,001-10,000 50,001-100,000 owe? **1**00-199 **10,001-25,000** ☐ More than 100,000 200-999 How much do you \$0-\$50,000 \$1,000,001-\$10 million □\$500,000,001-\$1 billion estimate your assets to **550,001-\$100,000** \$10,000,001-\$50 million □\$1,000,000,001-\$10 billion be worth? \$100,001-\$500,000 □ \$50,000,001-\$100 million □\$10,000,000,001-\$50 billion ☐ \$500,001-\$1 million \$100,000,001-\$500 million ☐More than \$50 billion How much do you \$0-\$50,000 □ \$1,000,001-\$10 million \$500,000,001-\$1 billion estimate your liabilities \$50,001-\$100,000 ☐ \$10,000,001-\$50 million \$1,000,000,001-\$10 billion to be? **\$100.001-\$500.000** ☐ \$50,000,001-\$100 million □ \$10,000,000,001-\$50 billion ☐ \$500,001-\$1 million □ \$100,000,001-\$500 million ☐ More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 2571. ignature of Debtor Signature of Debtor 2 Executed on MM / DD / YYYY MM / DD. / YYYY

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| Debtor 1                 | Veronica                |                             | Prieto Salazar                |          |                                 |
|--------------------------|-------------------------|-----------------------------|-------------------------------|----------|---------------------------------|
| Debtor 2                 | First Name              | Middle Name                 | Last Name                     | erren er |                                 |
| Spouse, if filing)       | First Name              | Middle Name                 | Last Name                     |          |                                 |
| Inited States            | Bankruptcy Court for th | e: <u>NORTHERN</u> District | of <u>ILLINOIS</u><br>(State) |          | _                               |
| case Number<br>If known) | •                       |                             | <del></del>                   |          | Check if this is amended filing |

## Official Form 106 Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |   |
|--|---|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out b  | pankruptcy forms?   |
| No   |   |
| Yes. Name of Person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|  |   |
|  |   |
| Under penalty of perjury, I declare that I have read the summary and schedules fill correct.  **  **  **  **  **  **  **  **  ** |   |
| Date : 5 / 3 ) 2017 Date MM / DD / YYYY  | DD / YYYY   |

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| Debtor 1 | Veronica   |             | Prieto Salazar |   | Case Number (if known) |  |  |
|----------|------------|-------------|----------------|---|------------------------|--|--|
|          | First Name | Middle Name | Last Name      | • |                        |  |  |

| Part 12: Sign Below  |  |  |  |  |  |
|--|--|--|--|--|--|
| I have read the answers on this Statement of Financial Affairs and any a answers are true and correct. I understand that making a false statemer in connection with a bankruptcy case can-result in fines up to \$250,000, 18 U.S.C. §§ 162, 1341, 1519, and 3571. | it, concealing property, or obtaining money or property by fraud                                     |  |  |  |  |
| Date 5/302017<br>MM / DD / YYYY  | DateMM / DD / YYYY   |  |  |  |  |
| Did you attach additional pages to Your Statement of Financial Affairs   | for Individuals Filing for Bankruptcy (Official Form 107)?   |  |  |  |  |
| ■ No<br>□ Yes  |  |  |  |  |  |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  |  |  |  |  |  |
| ■No  | Attack the Parlimentary Potition Proporary Notice  |  |  |  |  |
| Yes. Name of person  | . Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119). |  |  |  |  |

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Document Veronica Debtor 1 List Your Unexpired Personal Property Leases Part 2: For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Will the lease be assumed? Describe your unexpired personal property leases ☐ No Lessor's name: ☐ Yes Description of leased property: □ No Lessor's name: ☐ Yes Description of leased property: ☐ No Lessor's name: Yes Description of leased property: □No Lessor's name: Yes Description of leased property: □No Lessor's name: □Yes Description of leased property: ΠNo Lessor's name: ☐Yes Description of leased property: ☐ No Lessor's name: ☐ Yes Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to ap unexpired lease.

Signature of Debtor 2

Date MM / DD / YYYY

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## DISCLAIMER Destors have read and agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for fimily support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signers and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

  (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case.

  (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director)

  (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt.
   b. Failure to keep books and records documenting your financial affairs.
   c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay.
   d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others
   e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy.
   f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filling fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankriptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.

18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE STRE OUR PETITION IS ACCURATE!!!!

Dated: 5 / 50/2017

Veronica Prieto Salazar

X Date & Sign

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Veronica Prieto Salazar / Debtor

Bankruptcy Docket #:

Judge:

#### VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

LDECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: <u>5 / *5*0</u>/2017

Veronica Prieto Salazar

X Date & Sign

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| De                                      | btor 1            | Veronica  |  | Prieto Salazar  | _  | Case Number (if known) _  |  |  |
|---|-------------------|---|--|---|--|---------------------------|--|--|
|   |                   | First Name  | Middle Name  | Last Name   | and the second of the second o |                           | en e |  |
|   |                   | est a   | and a street   |   |  | Column A<br>Debtor 1      | Column B Debtor 2 or non-filing spouse   | **************************************   |
|   |                   |   |  |   |  | 44.40                     | <b>^</b>                                 |  |
| 8.                                      |                   | loyment compensati                                |  |   |  | \$0.00                    | <u>\$0.00</u>                            | ***************************************  |
|   | under t           | he Social Security Ac                             | ou contend that the amount. Instead, list it here:       |   |  |                           |  | ***************************************  |
|   | For yo            | u   |  | •   |  |                           |  |  |
|   | For yo            | ur spouse   |  | <b>.</b> '  |  |                           |  |  |
| 9.                                      |                   | on or retirement inco<br>t under the Social Sec   |  | mount received that was a   |  | \$0.00                    | \$0.00                                   |  |
| 10                                      | Do not<br>as a vi | t include any benefits<br>ictim of a war crime, a | received under the Socia<br>a crime against humanity,    | ecify the source and amou<br>I Security Act or payments<br>or international or domesti<br>te page and put the total o | received<br>c  | <b>#0.00</b>              | <b>.</b> 0.00                            | A CONTRACTOR OF THE CONTRACTOR |
|   | 10a               |   |  | _   |  | \$0.00                    | \$ 0.00                                  |  |
|   | 10b               |   |  |   |  | \$ 0.00                   | \$0.00                                   |  |
|   | 10c. To           | otal amounts from ser                             | parate pages, if any.                                    |   |  | \$0.00                    | \$0.00                                   |  |
| 11                                      |                   |   | nt monthly income. Add lift<br>for Column A to the total | nes 2 through 10 for each<br>for Column B.  |  | \$1,487.88 +              | \$0.00                                   | \$1,487.88   |
| _                                       | Part 2:           |   | ner the Means Test Applies                               |   |  |                           | \$*************************************  |  |
|   | 12a.              | Copy your total curre                             | nt monthly income from li                                | ne 11   |  | Copy line 11 here         | 12a. 📗                                   | \$1,487.88   |
|   |                   | Multiply by 12 (the nu                            | umber of months in a year                                | ).  |  |                           | ***************************************  | x 12   |
|   | 12b.              | The result is your ann                            | nual income for this part o                              | f the form.   |  |                           | 12b.                                     | \$17,854.56  |
| 13                                      | . Calcu           | late the median fami                              | ly income that applies to                                | you. Follow these steps:  |  |                           |  |  |
|   | Fill in           | the state in which you                            | ı live.  |   | L  |                           |  |  |
|   | Fill in           | the number of people                              | in your household.                                       |   | 3  |                           |  |  |
|   | To fin            | d a list of applicable n                          | nedian income amounts.                                   | re of householdgo online using the link spe<br>ole at the bankruptcy clerk  | ecified in the separate  |                           | 13.                                      | \$76,406.00  |
| 14                                      | l. How o          | to the lines compare                              |  |   |  |                           |  |  |
| *************************************** | 14a.              | x Line 12b is less that<br>Go to Part 3.          | an or equal to line 13. On                               | the top of page 1, check bo   | ox 1, There is no pre  | sumption of abuse.        |  |  |
|   | 14b.              |   | nan line 13. On the top of lout Form 122A-2.             | page 1, check box 2, The  | presumption of abus  | e is determined by Form 1 | 22A-2.                                   |  |
|   | Part 3:           | Sign Below  |  | ·   |  |                           |  | " . "  |
|   |                   | Kews  | clare under penalty of per                               | fu  | n this statement and i   | n any attachments is true | and correct.                             |  |
|   |                   | Date:: <u>5</u> /                                 | 30/2017  |   |  |                           | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |  |
| *************************************** |                   | If you checked line 1                             | 4a, do NOT fill out or file                              | Form 122A-2.  |  |                           |  | 41 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1  |
| *************************************** |                   | If you checked line 1                             | 4b, fill out Form 122A-2 a                               | nd file it with this form.  |  |                           | · · · · · · · · · · · · · · · · · · ·    |  |

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In re Veronica Prieto Salazar / Debtor

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 5 /2017

Veronica Prieto Salazar

X Date & Sign

Dated: **5** / **30** /2017

Attorney: David D. Lygard

Form B 201A, Notice to Consumer Debtor(s)

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